STATE OF I	MARYLAND-	CERTIFICATE OF DEATH	202
1. PLACE OF DEATH		(210-4)	100
County Theolerich		Registration Dist. No. / 3/	
Village or City Frederic	A	No treslerich Cety Hospital St.	Ward
Length of residence In city or town where death eco		death occurred in a horpital or institution, give its NAME instead of street and n	umber) sds.
2. FULL NAME Mis	Many Exhel a	llen	
(a) Residence: No. Buffa	lo M.M.	St., Ward.	
	Javal place of abode)	If nenresident give city or town and	State
PERSONAL AND STATISTICAL  3. SEX 4. COLOR OR RACE 5. SIN	GLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Remale White OR	DIVORGED (write the werd)	(Menth) (Day)	193 3 (Year)
a. If married, widowed, or divorced HUSBAND ef (er) WIFE ef	alley	22. 1 HEREBY CERTIFY. That I attended of	leceased frem
5. DATE OF BIRTH (month, day, and year)	# 17de 1877	Hast saw here alive on 2th 7 1933	: death is said
7. AGE Years Months	Days If LESS than	te have occurred on the date stated above, at 1/19 P.m.	
55 2	20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows:	Date of onset
8. Trade, prefessien, or particular kind ef work dene, as SPINNER, SAWYER, BOOKKEEPER, etc	rone	Rachur of Skull	July 6
9. Industry er business in which work was done, os SILK MILL, SAW MILL, BANK, etc			
	11. Total time (years) spent in this eccupation		
11-C-X1	hanes	Other Contributory Causes of importance: 2 new and 2 new - cramial pressure	Sel. 6
12. BIRTHPLACE (city er tewn) (State or country)	Ont. Canada	July aged	
13. NAME UM Jone	0		
14. BIRTHPLACE (city or tewn) ayr		Name of operation Subtemporal Alecompusar Date of	Detr. 6.
(State of Ceditity)	Colland	What test confirmed diagnosis? Operation Was there an a	itopsy? No
15. MAIDEN NAME Elyabeth M  16. BIRTHPLACE (city or town)	1 dean Jones	23. If death was due to external causes (VIQLENCE) fill in alse the following:	
16. BIRTHPLACE (city or town)  (State er ceuntry)	South	Accident, suicide, er hemicide? (electent Date of injury leb.  Where did injury eccur? List limitshing and on hi	
4.2117.	·	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	7
(Address) Comilton	Butario Canad	antomobile accident or road	OE.
18. BURIAL, CREMATION, OR REMOVAL Place Contain Contain Contain	la 2/11 ,1933	Manner of injury Short out of Cur which of Nature of injury Short of Shull - Luciale	
19. UNDERTAKER Hang & Can (Address)	ly md	24. Wes disease er injury in any way related to occupation of deceased?	20.
20. FILE 9- Kely , 1983 Dog	mediuly Registrati.	(Signed) Lank WWorthungh (Address) Juliuk hid	M. D
If more blanks as	re needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF DEATH		
County Frederick	6	Registration Dist. No. 2/=
Village or City Frederick	3/2	NoSt.,V
Length of residence in city or town where	death occurred this me	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Milton (a) Residence: No. 559 E. C		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH February 27, 193 (Month) (Day) (Year
5a. ff married, widowed, or divorced HUSBANO of (or) WIFE of Jenetta St	ull	22. HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	May 15, 1861	I last saw han alive on Fibral 26 19.30 death is
7. AGE Years Months 71. 8	0ays If LESS than 1 day, hrs. ormin.	The follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired Farmer	Mitros Regulational &
Nodustry or business in which work was done, as SILK MflL, SAW MilL, BANK, etc	11. Total time (years) spent in this occupation. 40	Other Contributory Causes a importance:
Nodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) 40 spent in this occupation	Office Regulation of Entropy Courses a importante:
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME George Angleb  14. BIRTHPLACE (city or town) (State or country)	and erger	Other Contributors Causes a importance:  Name of operation.  Date of.
12. BIRTHPLACE (city or town)  13. NAME George Angleb  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Elizabeth  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	and  erger aryland	Other Contributory Causes eximportange:  Name of operation
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME George Angleb  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Elizabeth  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. NAME  18. NAME  19. Orge  19. Maryl  10. Maryl  11. Maryl  12. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)	and erger aryland whachter yland sy E. Angleberger	Other Contributory Causes a importange:  Other Contributory Causes a importang
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME George Angleb  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Elizabeth  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. Name Country  18. March Country  19. March Country  19. March Country  10. March Country  11. March Country  12. Dai	and erger aryland wachter yland sy E. Angleberger	Name of operation
12. BIRTHPLACE (city or town) (State or country)  13. NAME George Angleb  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Elizabeth  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	and erger aryland wachter yland sy E. Angleberger k, Md. Fred. March 1, 19 33	Other Contributory Causes Comportange:  Other Contributory Causes Comportange:  Name of operation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BURWAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

*	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Brery item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is ery important. See instructions on back of certificate.
}	N. B.—WRITE PLAINLY, WITH UNF	mation should be carefully suppli	CAUSE OF DEATH in plain term	TION is rery important. See ins

Length of residence in city or town where death occurred yrs mos	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Freederich Hospital  No. Freederich Willage or City. Freederich Hospital  Of death occurred in a hospital or institution of averies NAME instead of street and number)  Length of residence in city or town where death occurred with a hospital or institution of averies NAME instead of street and number)  2. FULL NAME OF DEATH  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRID, WIDOWED, OR DIVORCED (write the word)  Sa. It married, widowed, or divogced HUSSANO or Or Or WIFE of Or Or Or WIFE of Or Or Or WIFE of Or Or Or Or WIFE of Or	1. PLACE OF DEATH,	(D)
Village or City.  Village or Country.  Village or Country.  Village or Add of Arcellage or City.  Village or City.  Village or Country.  Village or	County Arlowers of Man	Registration Dist No. 12 =
Length of residence in city or town where death occurred yrs mos. Manual courses and sumber)  2. FULL NAME Stable Stable Backet St., was supported birth? yrs mos. Manual courses and sumber)  2. FULL NAME Stable Stable Backet St., was supported birth? yrs mos. Manual courses and sumber)  2. FULL NAME Stable Stable Backet St., was supported birth? yrs mos. Manual courses and sumber)  2. FULL NAME Stable Stable Backet St., was supported birth? yrs mos. Manual course and stable stable birth? yrs mos. Manual course and sumber)  2. FULL NAME Stable Stable Stable Stable Stable Backet Stable Bac	4. 1. 1. 1. 1. 1.	" In do ale but to
2. FULL NAME OF A Sella. Bark doll  (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word)  5a. If married, widowed, or divogced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years 42  Months / O  Days / T  If LESS than 1 day, frs. or nin.  8. Trade, profession, or particular  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SINK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SINK MILL, SAWWILL, BARK, etc.  10. Data deceased last worked at Off injury Marken  11. Diata deceased last worked at Off injury Marken  12. BIRTHPLACE (city or town). The claricals Societies of the Clarical Societies or country)  14. BIRTHPLACE (city or town). The claricals Societies of Marken  15. MAIDEN NAME  16. BIRTHPLACE (city or town). The claricals Societies of Marken  16. BIRTHPLACE (city or town). The claricals Societies of Marken  16. BIRTHPLACE (city or town). The claricals Societies of Marken  16. BIRTHPLACE (city or town). The claricals Societies of Marken  16. BIRTHPLACE (city or town). The claricals Societies of Marken  17. AGE  18. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The claricals Societies of Marken  19. BIRTHPLACE (city or town). The clarical	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Inflamed (Unusplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word)  Famale  White  S. H. Marriad, widowed, or divogced (Infonth, day, and year)  So. H. Marriad, widowed, or divogced (Infonth)  So. H. Marriad, widowed, or divogced (Infonth)  So. H. Marriad, widowed, or divogced (Infonth)  S. AGE  Years & 2  Months / 6  Days / 7  If LESS than 1 day, first. or an information of the date stated above, at. H. Dm.  To. min.  S. Trade, profession, or patieural and of work done, as SPINKER, Boundary of the date stated above, at. H. Dm.  S. Marriad, widowed, or divogced (Infonth)  S. Trade, profession, or patieural and of work done, as SPINKER, Boundary of the date stated above, at. H. Dm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows.  S. Hade, profession, or patieural and of work done, as SPINKER, Boundary of the date stated above, at. H. Dm.  S. MANER, BOOKKEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc.  S. Hade of the date stated above, at. H. Dm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  What the confirmed diagnosis?  Note of country of the date stated above, at. H. Dm.  What test confirmed diagnosis?  Note of country of the date stated above, at. H. Dm.  The Cause of the date stated above, at. H. Dm.  S. Malle, BRAH, etc.  Other Cautivatory Cause of importance  What test confirmed diagnosis?  Note of cell of the confirmed diagnosis?  Note of cell of the cell of	Length of residence in city or town where death occurredyrsmos.	How long in U.S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SIRCE, MARRIED, WIDOWED, OR DIVORCED Cornic typ word)  OR DIVORCED Cornic typ word  5a. If marriad, widowed, or divoged  HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) / 8 70 McCo. /   11 LESS than 1 day, hrs. or min.  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, Could be specified by this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) spent in this occupation (month and year) / 9.32 / 11. Total time (years) / 9.32 / 12. Total time (years) / 9.32 / 12. Total time (years) / 9.32 / 12. Total time (years) / 9.	2. FULL NAME 6070 Sdella. Bask doll	9
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (critic the word) OR DIVORCED (critic the word) OR DIVORCED (critic the word)  5a. If marriad, visiowed, or divogced HUSSANO or (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Years  Years  Wonths  Days  T  If LESS than 1 day,  I		
3. SEX JUNIOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word)  Sa. It marriad, widowed, or divogced HUSBAND of (or) WIFE of  S. DATE OF BIRTH (month, day, and year) / 8 90 Moldo. //  T. AGE  Years 42 Months / 0 Days / 7 If LESS than I day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, Bound Wife was done, as SPINNER, Worked the work was done, as SPINNER, Worked the work was done, as SPINNER, SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 19.32) spent in this occupation (month and		
The principal cape of importance were at follows:  S. Trade, profession, or particular kind of work done, as SPINNER.  S. AWYER, BOOK EEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Data decessad last worked at this occupation (State or country)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. AGE Tipy (work)  18. Trade, profession, or particular kind of work done, as SPINNER.  19. Maioen NAME  10. Data decessad last worked at this occupation  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. MAIOEN NAME  18. MAIOEN NAME  18. Trade, profession, or particular control of the date stated above, at. H. Dm.  19. Maioen of profession, or particular control of the state stated above, at. H. Dm.  19. Maioen of planting in the control of the date stated above, at. H. Dm.  19. Maioen of planting in the control of the date stated above, at. H. Dm.  19. Maioen of planting in the control of the date stated above, at. H. Dm.  19. Months / Dm.  19. Month		
55. If marriad, widowed, or divogced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 890 Molo. 17  7. AGE Years 42 Months 16 Days 17 If LESS than 1 day, hrs. or, min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Data deceased last worked at year) spent in this cocupation (month and 232 spent in this occupation (State or country)  12. BIRTHPLACE (city or town) All Devices Open Market Control of the date stated above, at. 4. Dr. 19. 11 last saw h.2. alive on 1. 19. 19. 19. 11 death is to have occurred on the date stated above, at. 4. Dr. 19. 19. 11 last saw h.2. alive on 1. 19. 19. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occurred on the date stated above, at. 4. Dr. 19. 10 have occur	OR DIVORCED (write the word)	2 4 193
6. DATE OF BIRTH (month, day, and year) 1890 McDo. 17  7. AGE  Years 42 Months 16 Days 17 If LESS than 1 day. hrs. of	5a. If marriad, widowed, or divogced HUSBANO of	
T. AGE  Years & 2  Months / 0  Days / 7  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  New Years & 2  North of Work done, as SPINNER, Howard Wife  SAWYER, BOOKKEPPER, etc.  In Data deceased last worked at this occupation (month and year)  Years & 2  In Total time (years) spent in this year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (month and year)  In Data deceased last worked at this occupation (which are the properties of the pr	(or) WIFE OF Yes M. Burkasel	Letober 129, to 2-4 20, 192
1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, Bould Wife SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  13. NAME AMED Planking Markow  14. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  15. MAIOEN NAME Slop Jama, Wolfz  16. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  16. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  17. Maloen NAME Slop Jama, Wolfz  18. Trade, profession, or particular were as follows:  19. Mag. Ca. M. Algebrich Co. Mad., (State or country)  What test confirmed diagnosis?  10. Data diagnosis?  11. Total time (years) appear in this occupation.  12. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  13. NAME Ame Of operation Date of what test confirmed diagnosis?  14. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  15. MAIOEN NAME Slop Jama, Wolfz  16. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  16. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  17. Maloen NAME Slop Jama, Wolfz  28. Trade, profession, or particular were as follows:  18. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  19. Mag. Ca. The Country Algebrich Co. Mad., (State or country)  29. Industry or business in which were as follows:  10. Data deceased last worked at this cocupation of the country Algebrich Co. Mad., (State or country)  11. Total time (years) Algebrich Co. Mad., (State or country)  12. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  13. NAME American Algebrich Co. Mad., (State or country)  14. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  15. MAIOEN NAME Slop James Algebrich Co. Mad., (State or country)  16. BIRTHPLACE (city or town) Algebrich Co. Mad., (State or country)  17. M	6. DATE OF BIRTH (month, day, and year) 1896 Mclo.	I last saw halk alive on
8. Trade, profession, or particular kind of work done, as SPINNER, House Were as follows: SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and 1932 spent in this pear)  (State or country)  12. BIRTHPLACE (city or town) Fladdericks Co. Mad.  (State or country)  13. NAME AMAR HOUSE OF BEATH and related causes of importance were as follows:  (State or country)  Name of operation Was there an autopsy? Profession of the confirmed diagnosis?  Name of operation was diagnosis?  Name of operation Was there an autopsy? Profession of the confirmed diagnosis?  15. MAIOEN NAME SLOTY QUINA Was there an autopsy? Profession of the confirmed diagnosis?  16. BIRTHPLACE (city or town) Flandericks Co. Mad.  17. Maioen Name Sloty Quina Was there an autopsy? Profession of the confirmed diagnosis?  18. Maioen Name Sloty Quina Name Sloty Quina Name of operation Onter Canada Country Was there an autopsy? Profession of the confirmed diagnosis?  18. Maioen Name Sloty Quina Name Sloty Quina Name of operation Onter Canada Country Name of operation Onter Canada Country Was there an autopsy? Profession of the country Name of operation Onter Canada Country Name Onter Canada Country Name Onter Canada Country Name Onter Canada C		to have occurred on the date stated above, at #m.
SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and 19.32 spent in this occupation (month and 19.32 spent in this occupation)  12. BIRTHPLACE (city or town) Flackers & Co. Ind.  (State or country)  13. NAME James Planky Marken  14. BIRTHPLACE (city or town) Flackers & Co. Ind.  (State or country)  15. MAIOEN NAME Jeorgama, Moffe  16. BIRTHPLACE (city or town) Fredericks Co. Ind.  17. Maioen NAME Jeorgama, Moffe  18. Maioen NAME Jeorgama, Moffe  19. Maioen name of operation The New Year an autopsy? Planks and the confirmed diagnosis? Name Was there an autopsy? Planks and the confirmed diagnosis? Name of operation of the confirmed diagnosis?		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and 1932 spent in this occupation (month and 1932 spent in this occupation)  12. BIRTHPLACE (city or town) Flackers of Soc. Ind.  (State or country)  13. NAME James Planker Marken  14. BIRTHPLACE (city or town) Flackers of Soc. Ind.  (State or country)  14. BIRTHPLACE (city or town) Flackers of Soc. Ind.  (State or country)  15. MAIOEN NAME Socrygama, Wolfs  16. BIRTHPLACE (city or town) Fredericks Co. Ind.  Accident, suicide, or homicide?  Oate of injury 19.	8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc. House Wife	MEPhrilis - My gear litis Od-1929
12. BIRTHPLACE (city or town) The derich Co. Ind.  (State or country)  13. NAME James Planky Marken  14. BIRTHPLACE (city or town) Theoderick Co. Made (State or country)  14. BIRTHPLACE (city or town) Theoderick Co. Made (State or country)  15. MAIOEN NAME Secretary Was there an autopsy? A cidant, suicide, or homicide?  16. BIRTHPLACE (city or town) Theoderick Co. Made (City or town) Theoderick Co.	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK str	(the boat Houseshage
12. BIRTHPLACE (city or town) France's Co. Ind.  (State or country)  13. NAME James Reulish Marken  14. BIRTHPLACE (city or town) France's Co. Ind.  (State or country)  15. MAIOEN NAME Seorgama, Wolfs  16. BIRTHPLACE (city or town) Fracture, Was there an autopsy? P.  16. BIRTHPLACE (city or town) Fracture, Was there an autopsy? P.  23. II death was due to external causes (VIOLENCE) fill in also the Iollowing:  Accidant, suicide, or homicide?  Oate of injury, 19.	- I this occupation (month and   / 2 ) I Spoil (iii this	Accele Vilatalian Nearl
(State or country)  13. NAME James Heart Marken Medicar Character Medicar Character Medicar Character Char	7,11/1/	Other Cantributory Causes of importance:
13. NAME James Hauter Marken Myster Myster Character Myst		No. 6 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
What test confirmed diagnosis? Note: Was there an autopsy? A  15. MAIOEN NAME Seon gound. Wolfs.  16. BIRTHPLACE (city or town) Frederick Co. Mad., Accidant, suicide, or homicide? Oate of injury. 19.	and the second	D. F.
What test confirmed diagnosis? Note: Was there an autopsy? A  15. MAIOEN NAME Seorganna, Wolfs  16. BIRTHPLACE (city or town) Fredericks Co. Mad., Accidant, suicide, or homicide? Oate of injury 19.	E Guesting Margett	
15. MAIOEN NAME Seonygoung, Wolfs.  16. BIRTHPLACE (city or town) Fredericks Co. Ind.  Accidant, suicide, or homicide? Oate of injury., 19	14. BIRTHPLACE (city or town) TIME (State or country)	
15. MAIDEN NAME OLOTYOUMA, WOLF, 23. II death was due to external causes (VIOLENCE) fill in also the Iollowing:  16. BIRTHPLACE (city or town) Trederick loss fund, (Stata or spuniry)  Where did injury occur?		What test confirmed diagnosis?
Accidant, suicide, or homicide? Oate of injury	15. MATOEN NAME DEOTYGUNG, POOCES	
- (Stata or country) Where did injury occur?	16. BIRTHPLACE (city or town) The collection of the formation	Accidant, suicide, or homicide?, 19, 19, 19
(Specify city or town, county and State)	(Stata or equity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wolfferille MCD Oate Telte	Place Molfwille Miloate Flor, 1903	Nature of Injury
19. UNDERTAKER EMACY Forey Smithsbury 24. Was disease or injury in any way related to occupation of deceased? NO.  (Address) P. R. H. C		
20. FILED 6 - Fully 1033 Gran meerly (Signed) Last / Lakel	20. FILED 6 - Felry 1933 Graf meery!	(Signed) Lake Julian yeb.
If more blanks are needed, address State Registrar, 2411 N Charles Street Baltimore Requestion T S No.	#	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAST 4 ASSO	,		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR F	URTHER STAT	TEMENTS BY P	HYSICIAN	

1. PLACE OF DEATH		-CERTIFICATE OF DEATH 4170
County Hulena	10	Registration Dist. No. 144
Village or City Zur Lew	sow	No
Length of residence in city or town when		If death occurred in a horpital or institution, give its NAME instead of street and numbersds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME SE	el tom me fa	ut Baughori
(a) Residence: No.	/	St., Ward.
PERCONAL AND CHARGO	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS  3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
Jenal Wal	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fish 198
5a. If married, widowed, or divorced HUSBAND of	0.1	(Month) (Day) (
(or) WIFE of Sall	tom fortent	22. I HEREBY CERTIFY, That I ettended deceas
C DATE OF BIRTH (month down and	Thin/ 622	11000 0000 0000 00000000000000000000000
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at
C	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	me	Granna & Cord some
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2mm	days proprio to Transl
O 10. Date deceased last worked et	11. Total time (yeers)	1//
this occupation (month and year)	spant in this occupation	
12. BIRTHPLACE (city or town) for Lee	vistour Mil	Other Contributory Causes of importance:
(State or country)		
II 13. NAME for for Ba	ugher	
14. BIRTHPLACE (city or town) Fre	Senst Ody	Name of operation Date of
(State or country)	Mid	What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Ellen R	- Wolf	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) The	dences, Copied.	Accident, suicide, or homicide?
(State or country)	R	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Mangle West	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1.	Manner of injury
Place devistoron	Dete d'et. 1 , 1933	Nature of injury
19. UNDERTAKER John. Wm	. Baugher	24. Wes disease or Injury In any way related to occupation of deceased?
(Address)	etown Md.	If so, specify African A
20. FILED J. eb. 1, 1933 (	nna M. Jones	(Signed) Marris Wherey
	Registrar.	(Address) Lesound Il

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. M			
Other contributory causes of importance:		Other contributory causes of importance:	= 11170
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	FRMANEN
FOR	TS A P
GIN RESERVED FOR BINDING	TH LINEADING INK_THIS IS A PERMANEN

V. S. No. 1 N. B.

	End the	
STATE OF MARYLAND	CERTIFICATE OF DEATH 0170	16
1. PLACE OF DEATH,	- (2.5)	
county ctrederick	Registration Dist. No. / S	9
Village or City State Sana Lorus	2000	-(
/- (If	death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where deeth occurredyrsmos.		ds.
2. FULL NAME YMary 2. 13ec	kman s ()+ 10	1
(a) Residence: No. 1009 W. Lombara	1 st., Ward. 19 allo. Vn	0
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH	2
finale while married	(Month) (Day) (	(Year)
53. If married, widowed, or divorced INUSPANE of Or NIFE of Oracle Oracl	22.   I HEREBY CERTIFY. That I attended decea	and from
Carence 1. Deckman	Sent 20 1032 10 Febr 21	19 33
6. DATE OF BIRTH (month, day, end year) March . 1. 1910	i last saw h en alive on Feb 20 1933 dea	ath is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et ZA:_m.	
22   1   20   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	Date	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL,	00	
SAW MILL, BANK, etc	I summary Juverculosis	
this occupation (month and any 1932 spint in this year)		
10000	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) V W Wy CMA .  (State or country)		
13. NAME William Smith		
14. BIRTHPLACE (city or town) Maryland.	Name of operation Novel Date of	
(State or country)	alanty in A postpulling	2111
15. MAIDEN NAME Mussie Aust	What test confirmed diagnosis? WWA LAWY! Wes there an aurops:  23. If death was due to external causes (VIOLENCE) fill in also the following:	y?e_seu
16, BIRTHPLACE (city or town) - Maryland	Accident, suicide, or homicide?	10
(State or country)	Where did injury occur?	19
17. INFORMANT Clarence R. Beckman.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,	
(Address) 1009 W. Lombara N. Balloma	The state of the s	
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place 12 ax lo - VIII : Date months	Nature of injury	
9. UNDERTAKER M. L. Chleager	24. Was disease or injury in eny way related to occupation of deceased?	0
(Address) Thurmont () ma-	If so, specify A	
10. FILED. 43 133 19	(Signed) & Chaffer	M. D.
Registres	(Address ATalo Scan a tax)	m.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example		Example II	
The principal cause of death and plated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 261	1915	Attack of epilepsy	1 week ago
Chronic interstitial neglities 36 87	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

EXACTLY.

AGE should be stated

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

OCCUPATION

FATHER

MOTHER

20. FILED

(Address)

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01707
1. PLACE OF DEATH	
County Frederick SANATOR	Registration Dist. No. J39
Village or City ART LAND TO BEACO COSTS	ND. St., Ward
Length of residence in city of fown where death occurredyrsQmos	death occurred in a hospital or institution, give its NAME instead of street and number)  2.2. ds. How long In U.S. if of foreign birth?
2. FULL NAME Joseph Ben	et of
(a) Residence: Np. 1719 Coll (Usualplace of abode)	St., Ward. Oald, Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeb 23 198 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 2.1908	I last saw h. L. alive on CPU 23 1933 deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, et 10:30 Pm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Tendo profession or malinula	were es follows:
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months) and the strength and the	Bulmonary Tuberculosis
10. Date deceased last worked at this occupation (month a day. 1932 spant in this occupation by year)	<u></u>
12. BIRTHPLACE (city or town) Balto Md.  (State or country)	Other Contributory Causes of importance:
13. NAME Karol. Benet	
14. BIRTHPLACE (city or town) Poland (State or country)	Name of operation.  What test confirmed diagnosis? Must Xray + Os Specific an au opsy? No
15. MAIDEN NAME Sphia - 3.  16. BIRTHPLACE (city or town) Poland.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Soland: (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT JOSeyth Benet (on admission (Address) 1719 Cole St. Balto Md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place S CL CO: MC Date Unitaryon	Manner of injury Nature of injury
19. UNDERTAKER M. L. Crolager	24. Was disease or injury in any way related to occupation of deceased? NV

If so, specify (Address) Slate Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis -	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1,100 V 7,100	1		
1 3 3	1		
Other contributory causes of haportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF	DEATH			<u></u>
	County_Fre	ederick			Registration Dist. No. 131
	Village or City	Frederic	k		No. I. C. O. F. Home St., Ward
			death account		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign blrth?
					and the second second styles are second as a second
2.	FULL NAM	E Isaac G.	Bomberge	r.•	
	(a) Residence:	No	(Usual place	of shode)	St., Ward. Villiamsport, Md.  If nonresident give city or town and State
	PERSONAL	L AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX		. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 11, 193 3
	married, widowed.		marr	rea	(Month) (Day) (Year)
1	IUSBAND of or) WIFE of	Missoura Ke	endle		22. JI HEREBY CERTIFY. That I attended deceased from 1923, to Jan. 1933
6. DA	TE OF BIRTH (mo	onth, day, end year) A	ug. 30, 1	.846	I los saw h im alive on
7. AG		Months	Days	If LESS than	to have occurred on the date stated above, at. 2.10A.m.
	36	5	11	I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATI	9. Industry or bus work was de SAW MILL, 0. Date deceased this occupati	iness in which one, as SILK MILL, BANK, etc	5 sp:	durpenter time (years) ant in this 55 upation	Other Contributory Causes of importance:
	(Stata or country	")	-		artenorderono.
1	3. NAME Jac	ob Bomberger			
FATHER	4. BIRTHPLACE (c	ity of town)	iamsport.		Name of operation
× ,	5. MAIDEN NAME	Comple Com			What test confirmed diagnosis? Was there an autopsy?
MOTHER	S. MAIDER NAME		iamsport,		23. If death was due to external causes (VIOLENCE) fill in also the following:
O I	6. BIRTHPLACE (c (State or co	Ity or town)			Accident, suicide, or homicide?
17. IN	FORMANT REC	ords L. O.	O. F. Hom	e	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BI	(Address)  JRIAL, CREMATION  Place Villi	Frederick, N, OR REMOVAL Amsport, Md.	37-56	. 13, 19.33	Manner of injury
19. UI	ODERTAKER M.  (Address) Fr	R. Etchiso	n & Son.		24. Was disease or Injury In any way related to occupation of deceesed?
20. FI	LED/1-Fe	lu, 1938 000	of me	Registran	(Signed) A. Oustin Cleary M. D.

B.-WRITE PLAINLY,

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired frem business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:	THE STATE OF	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 1
			11.0

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(	tem of infor-	should state	f OCCUPA-	
	NT RECORD. Every i	LY. PHYSICIANS	. Exact statement of	
FOR BINDING	IS A PERMANEN	stated EXACT	properly classified	certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
V. S. No. I	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

V. S. No. 1

And County State County County County State County County State County County State County County State County State County State County Count	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01710
Village or City//// Langth of residence in city or know where death occurred.  VILL NAME  Langth of residence in city or know where death occurred.  VILL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Residence: No.  (e) Residence: No.  (d) Residence: No.  (e) Residence: No.  (d) Re	1 Janiehl	82-0
Length of residence in city or fewn where death occurred  Yr. mos.  4. How long in U. S. If of fereign birth?  Yr. mos.  4. Rosidence: No.  (Junislace of abods)  FERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED  OR DYORGEO Comprish word)  Sa. If married, widowed, or divorced  (cr) WHE of  D. DATE OF BIRTH (mogh), day, and year)  SAPERING PALCAUSE OF DEATH  15. SAPERING PALCAUSE OF DEATH and related causes of importance were so follows.  SAPERING PALCAUSE OF DEATH and related causes of importance were so follows.  SAW WILL, BARK, set.  10. Date deceased lest worked at spatial in this sociapshine.  SAW WILL, BARK, set.  13. MARRIED ACC (city or town).  Manual Contraction of the day of the comprish of	Si an Int	Registration Dist, No
2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DYORCED (Carrier State of DEATH  2. DATE OF BIRTH (month, day, and year)  (or) WHE of  6. DATE OF BIRTH (month, day, and year)  ACE  Vents  Months  Days  IT LESS than or, min.  Sind of work dome, as SPINNER.  SINKER, BOOKREPER, BOOKREPER,  SINKER, BOOKREPER,  SAWIEL, BARK, Bet.  J. Date deceased last worked at the occupation and the day and the occupation.  Sind of work dome, as SPINNER.  SINKER, BOOKREPER,  SAWIEL, BARK, Bet.  J. HINDORNANT  J. SAWIEL, BARK, Bet.  J. SAWIEL, BARK, Bet.  J. HINDORNANT  J. SAWIEL, BARK, Bet.  J. HINDORNANT  J. HINDO		(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usualplace of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Coverifes word)  5. SIMCLE MARKIED, WIDOVED, OR DIVORCED Coverifes word)  5. DATE OF EIRTH (monit), day, and year)  6. DATE OF EIRTH (monit), day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. DATE OF EIRTH (monit), day, and year)  8. DATE OF EIRTH (monit), day, and year)  9. Life State of word done, as SPINNER, day, and year)  10. Date decessed last worked at inhibit conception (monith and year)  11. Lost in the conception (monith and year)  12. BIRTHPLACE (city or town)  13. SAWELLE, BOUNGETER, dec.  14. SAWELLE, BOUNGETER, dec.  15. MADEN NAME  16. STATE, BOUNGETER, dec.  17. AGE  18. BIRTHPLACE (city or town)  19. SAWELLE, BOUNGETER, dec.  19. SAWELLE, BOUN	Length of residence in city or fown where death occurredyrs,m	Js
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  A. COLOR OR RACE OR DIVORCED (writing the word)	2. FULL NAME Mottes arten Genry	Bowlus.
2. SEX 4 COLOR OF RACE S. SINGLE_MARRIED, WIDOWED ON BUPORCETO (which wild word) of divorced (or) WHE of	(Usual place of abode)	
Sa. If married, widowed, or divorced (write/the word)  Sa. If married, widowed, or divorced (World)  HUSARD  FOR DIVORCEI (write/the word)  Sa. If married, widowed, or divorced (World)  FOR DIVORCEI (write/the word)  Sa. If married, widowed, or divorced (World)  FOR DIVORCEI (write/the word)  Sa. If married, widowed, or divorced (World)  FOR DIVORCEI (write/the word)  Sa. If married, widowed, or divorced (World)  FOR DIVORCEI (write/the word)  Sa. If married, widowed, or divorced (World)  Sa. If married, widowed, or divorced (World)  Sa. If married, widowed, or divorced (World)  Sa. If married, widowed, or divorced (For DaTH and related decessed from the variety of the sale of the variety of the variet		
HER EBY CERTIFY, That I attended deceased from (cor) wife of (cor) wif	Male White OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6. DATE OF BIRTH (monih, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,hrs. ormin.  8. Industry ar business in which- SAW MILL BANK, etc.  9. Industry ar business in which- SAW MILL BANK, etc.  10. Date decessed last worked at this occupation (month and years)  years  11. Total time (years) spent in this occupation (month and years)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURTHPLACE (CITY or town)  ACCIDENT ARE  ACCIDENT ARE  (Address)  19. DATE OF PIRCIPAL CAUSE OF DEATH and related causes of importance  The PIRICIPAL CAUSE OF DEATH and related causes of importance  Date of enset  The PIRICIPAL CAUSE OF DEATH and related causes of importance  Date of enset  The PIRICIPAL CAUSE OF DEATH and related causes of importance  Date of enset  The PIRICIPAL CAUSE OF DEATH and related causes of importance  Date of enset  The PIRICIPAL CAUSE OF DEATH and related causes of importance  The PIRICIPAL CAUSE OF DEATH and related causes of importance  Date of enset  The PIRICIPAL CAUSE OF DEATH and related causes of importance  The PIRICIPAL CAUSE OF DEATH and related causes of importance  Other Costributory Causes of importance:  Name of operation.  What test confirmed diagnosis?  Was there an autopsyr.  Was there an autopsyr.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  ACCIDENT THE ACCIDENT TOWN, or in PUBLIC PLACE.  ACCIDENT THE ACCID	'HUSBAND of	
Date of oneset	6. DATE OF BIRTH (month, day, and year)	
Date of onest   Name   Date of onest		
The strade profession, or particular as SPINNER, SAWER, BOOKREPER, etc.    Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done, as SILK MILL, SAWER, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done, as SILK MILL, SAWER, BOOKREPER, etc.   Sinday for the saw for business in which-work was done to external causes (VIOLENCE) fill in also the following:   Accident, suicide, or homicide?		there as follows or DEATH and related causes of importance
12. BIRTHPLACE (city or town)  (State or couptry)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Country  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILEO TRACE  (Address)  10. FILEO TRACE  (Signed)  (Signed)  (Signed)  (Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Causes o	8. Trade, profession, or particular kind of work done as SPINNER	200
12. BIRTHPLACE (city or town)  (State or couptry)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Country  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILEO TRACE  (Address)  10. FILEO TRACE  (Signed)  (Signed)  (Signed)  (Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Causes o	SAWYER, BOOKKEEPER, etc. Tellila farmer	apop tery
12. BIRTHPLACE (city or town)  (State or couptry)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Country  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILEO TRACE  (Address)  10. FILEO TRACE  (Signed)  (Signed)  (Signed)  (Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Causes o	9, Industry or Dustress in Which	
12. BIRTHPLACE (city or town)  (State or couptry)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Country  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILEO TRACE  (Address)  10. FILEO TRACE  (Signed)  (Signed)  (Signed)  (Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Causes o	10. Date deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town)	- 1 Spett till till 3	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Land Land Land Land Land Land Land Land		Other Contributory Causes of importance:
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER (Address)   19. UNDERTA		
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER (Address)   19. UNDERTA	13. NAME Palliam A Gowlus	
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER (Address)   19. UNDERTA	4 14. BIRTHPLACE (city or town) Middle Court	Name of operation
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place wither metery oate tell (2, 1993)  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in eny way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  M. D.  Registrar.  (Address)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place wither metery oate tell (2, 1993)  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in eny way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  M. D.  Registrar.  (Address)	I 15. MAIDEN NAME Mary Con Sheffer	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place wither metery oate tell (2, 1993)  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in eny way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  M. D.  Registrar.  (Address)	5 16. BIRTHPLACE (city or town) Afficial Clesotton	Accident, suicide, or homicide?
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place with representation of Removal  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED FILED  (Address)	(State or country)	Where did injury occur? (Specify city or town, county and State)
Place wither metery oate telt (2, 1993)  19. UNDERTAKER (Address)  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify (Signed) (Signed) (Address)  (Address)  (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address)  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)		Manner of Injury
(Address)  Maddetorum Md.  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)	Place where temeler pate tell 6, 1900	Nature of injury
20. FILED TRANS 20 Transport Seese (Signed) (Address) M. D. (Address) M. D.		24. Was disease or injury In eny way related to occupation of deceased?
20. FILED J. A. 1930 L. J. H. A. J. J. A. J.	(Address) Middle Louis Md.	If so, specify
	The state of the s	
	4	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
O. BURNEY V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-		CERTIFICATE OF DEATH 01711
	1. PLACE OF DEATH	92-0
should of	County Medicine	Registration Dist. No. 7.1
sho of O	Village or City / True wife	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. If of foreign birth?
3D. Every YSICIANS statement	2. FULL NAME Sadie a Br	age
	(a) Residence: No. Braus A	St., Ward.
CORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
RECORD. PHYSI Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
A I SS	Sa. If merriad, widowad, or divorcad HUSBAND of (or) WIFE of  Charles M. Brogg	22. I HEREBY CERTIFY. That I attanded deceased from
	6. DATE OF BIRTH (month, dey, end year) Hov. 4 1872	I last saw has elive on 231 7 ( 1933 death is said
d l erly cat	7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 143.4. A.m.
IS A PE stated E properly certificate	60 3 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related gruses of Importance were as follows:
he stop of ce	8. Trada, profession, or particuler kind of work dona, as SPINNER, Armendal SAWYER, BDDKKEEPER, etc.	Chronic Carde Valorles Description
N-T) nould may back	9. Industry or businass in which work was done, as SILK MILL,	
	SAW MILL, BANK, atc	
0 4 10	O this occupation (month and spent in this year)	
AG AG the tions	12. BIRTHPLACE (city or town)	Dthar Contributory Causes of Importance:
NFADING pplied. AGH erms, so that instructions	(State or country)	
UNFA supplied n terms, ee instri	13. NAME frank / Cay	
0 4 5 4	13. NAME TRUE (Cay	Name of operation Date of
FEE	(State of country)	What test confirmed diegnosis? Was there an autopsy?
W in in and and	15. MAIDEN NAME Maries Danson  16. BIRTHPLACE (city or town)	23. If daath wes dua to external ceuses (VIOLENCE) fill in also the following:
indortant.		Accident, suicide, or homicida? Date of injury, 19
IN DE MI	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINLY, hould be car OF DEATH very imports	17. INFORMANT Stateline Sugline (Address)	Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
(T) and	Plece Brushout the Date Hot 16, 1933	Nature of Injury
-WRITE mation s CAUSE TION is	TO HADDEDTAKED OF USE TO SEE T	24. Was disease or injury in any way related to occupation of dacaased?
LEOH	19. UNDERTAKER (Addrass)	If so, specify
m. (T)	20 FILED TW 16 1932 MAN & Stylins	(Signed) Walton M. D
Z	Registrar.	(Address) Branson jeld min
	If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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12. BIRTHPLACE (city or town) (State er country)

15. MAIDEN NAME

(Address)

18. BURIAL. CREMATIO

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (Stete or country)

13. NAME

17. INFORMANT

19. UNDERTAKE (Address)

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. item of infor-1. PLACE OF DEATH pluods Registration Dist. County Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 How long in U.S. if of foreign birth? \_\_\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Length of residence in city or town where death occurred. RECORD, Every mos. statement If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) assified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. EBY (or) WIFE of certificate. 6. DATE OF BIRTH (month, dey, and year) properl 7. AGE Days If LESS than Years Months to have occurred on the date stated above, at FOR 1 day, ......... hrs. 3 or ..... min. were as follows: 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc..... be jo may back 9. Industry or business in which should work wes done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ instructions on Ö Date deceased last worked at 11. Total time (years) spent in this 35 this occupation (month and

occupation \_\_\_

Registrar.

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193 3 (Day (Year) CERTIFY That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Whet test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19\_\_ Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address)

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement

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OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

B.—WRITE PLAINLY, WIT

See instructions on back of certificate.

item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(11713)
County Fredh on the Contraction	Registration Dist. No. /3/
Village or City	No. 2 2 2 4 W St., Ward
(If	death occurred in a Kospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred. 20_yrs,	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cathamal Leru	sa Buchheimer
(a) Residence: No. 27 2 44 S/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Year)  (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1843, Mov, 30	I last saw h.34 alive on Poly 9 , 19.33; death is said
6. DATE OF BIRTH (month, day, and year) 940, 1001, 30  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5-30 Zm.
0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Tests sufficient or particular	were as follows:
8. Trado, profassion, or perticular kind of work dona, as SPINNER, Hande State State SAWYER, BOOKKEEPER, etc.	Chelinal Itemining Felys
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Study or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked attention this occupation (month and to this propagation)  11. Total time (years) 70  12. Total time (years) 70  13. Total time (years) 70  14. Total time (years) 70  15. Total time (years) 70  16. Total time (years) 70  17. Total time (years) 70  18. Total time (years) 70  19. Total time (years) 70  19. Total time (years) 70  19. Total time (years) 70  10. Date deceased last worked attention (years) 70  11. Total time (years) 70  12. Total time (years) 70  13. Total time (years) 70  14. Total time (years) 70  15. Total time (years) 70  16. Total time (years) 70  17. Total time (years) 70  18. Total time (years) 70  19. Total time (years) 70  10. Date deceased last worked attention (years) 70  10. Date deceased last worked attention (years) 70  11. Total time (years) 70	1933
10. Date deceased last worked at this occupation (month) and 3 part in this occupation.	
12. BIRTHPLACE (city or town) 99/KES ville Aff	Other Coatributory Causes of importance:
13. NAME Cornad Buchheimer	
13. NAME Conad Buchheimer  14. BIRTHPLACE (city or town) - Gassay  (State or country)	Name of operation Date of
15. MAIOEN NAME Elizabeth Prenele	23. If death was due to external causes (VIOLENCE). Alt in also the following:
H P	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) — (State or country)	Whara did injury occur?
17. INFORMANT Mus arch Mooberg (Address) 22 6 Frankli St	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rat Olivet Com Octa Feb 13 1933	Nature of injury
19. UNDERTAKER Thorises P. Toice (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / - FEBY, 1933 Almoraus	(Signed) JUACULU FM Whiten M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

-	TEACE OF BEATTY	1 .	115 1860	13	7
	County	the neder	LO!	Registration Dist. No.	
	Village or City Olympo	wille	No.		Ward
		1.5	death occurred in a hospital or institution,		
	Length of residence In city or town where de	ath occurred 60 yrs mos.	now long in U.S. II of lore	eign birth?	11105
2	FULL NAME	holas N. 6 le	msou!		
	(a) Residence: No.	usmville	St., Ward.		
		(Usual place of abode)		If nonresident give city or town ar	nd State
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH	
3.	SEX 4. COLOR OR, RACE	5. SINGLE, MARRIED, WIDOWED, OR, DIYORCED (write the word)	21. DATE OF DEATH	et.	2
	Male White	Manuel	(M	lonth) (Day)	(Year)
5a.	If married, widowed, or divorced				
	(or) WIFE of Mary E. C.	sames/	22. HEREBYC	ERTIFY, That I attende	d deceased from
	Mary O.	name of	7 Ele	33. to	19 -
6.	DATE OF BIRTH (month day, and year)	ги. 19, 1848	I last saw halive on	101	a.; death is sald
7.	AGE Years Months	Oays If LESS than 1 day. hrs.	to have occurred on the data stated abo		
	85 4	ormin.	The PRINCIPAL CAUSE OF DEATH an were as follows:	d related causes of importance	Date of onset
Z	8. Trade, profession, or particular kind of work done, as SPINNER,	4.	General o	Lewilly	
OCCUPATION	SAWYER, BOOKKEEPER, etc	assur	following	frodure	
PA	Industry or business in which work was done, as SILK MILL.		VAT On the first	5- aug. 1930	
00	work was done, as SILK MILL, SAW MILL, BANK, etc	L Table Committee	to page har	5 - coog. 1100	
8	10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this			
	yaar)	occupation	Other Contributory Causes of important	ce:	
12	BIRTHPLACE (city or town) - Colse	ismville.			
	(State or country)	myland			
ER	13. NAME Galue D.	Cleuson			
FATH	14. BIRTHPLACE (city or town) - Cole	jusinivilles	Name af oparation	Date of.	
F	(State or country)	uniland	What test confirmed diagnosis?	Was there a	n autopsy?
HER	15. MAIDEN NAME Cachae	Hou	23. If death was dua to extarnal causes	(VIOLENCE) fill in also tha follow	Ing:
H	1-1	Jelo o	Accident, suicide, or homicide?		3 3
MOT	16. BIRTHPLACE (city or town) (State or country)	Maril ese	Where did injury occur?	we	7
	1.0 m		Specify whether injury occurred in INC	Specify city or town, county and S	
17	(Addrass)	Demoon /	Specify whether injury occurred in the	Cassal .	1 60066
18	BURIAL, CREMATION, OR REMOVAL	To)	Manner of injury must	The Hell	, /) ,
	11 . 13. 1	- Oate 7 1933	-7	Turn lett	ma
-	1 0 24	101	Nature of injury	especial services of the services	7.6
19	UNDERTAKER James	of Juse	24. Was disease or injury in any way re	elated to occupation of deceased?_	
-	(Address)	sugger Med	If so, specify	Head	
20	FILE JUL 6 1933 70	Aluquay	(Signed)		M. D.
		Registrar.	(Address)	uon penu	2-4
	If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Request	ting U. S. No. z.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

01714

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	RUREAU			
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Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF BUATH in plain terms, so that it may

Exact statement of OCCUPA.

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MARGIN RESERVED FOR BIN	, WI UNFADING INK-THIS IS A PERI
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	PL
	B.—WRITE
No.	B.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01715
1. PLACE OF DEATH	50
County Treduck	Registration Dist. No./3/
Village or City Fudurek Con	No. City Mospetal St., Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Suy Chan long	se fr.
(a) Residence: No. Trusting med R7D.	√ St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE North of DIVORCED (write the word) Child	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	The 2 of 1932 to Pet. 27 1933
6. DATE OF BIRTH (month, day, and year) apl. 10-1924	I last saw h alive on P. l. 22, 19.22; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 12 Asm.
3 8 17 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	X. 1 th 10 th
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10- Date deceased last worked et this occupation (month and	2 speles Melle lu 2- Fily 183
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and years) spart in this occupation occupation	
12. BIRTHPLACE (city or town) Fork Clark	Other Coatributory Causes of importance:
(State or country)	Cente Cucyfeliha
13. NAME Suy E. Corouse  14. BIRTHPLACE (city or town) Treduciel	
14. BIRTHPLACE (city or town) The detail (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 1
	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Mrs. Geng & Crouse (Address) Frederick med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place W. Olivellen Date Meh 1 193	Manner of injury
1 1000 1	Nature of Injury.
19. UNDERTAKER O. C. Coline To (Address) Fredrick med	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED/- march, 1933 Good meenly	(Signed) A. Garten Ocary M. D.  (Address) Tulina M. D.
Registration	(//00/1000)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH  County Inchrice Variety (If death occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Village or City Monterne Variety (If death occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town where deeth occurred in a horpital or ionitution, give its NAME instead of street and obmiger)  Length of residence in city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIVORCED Capric the word)  SEX  4. COLOR OR RACE  OR DIV
Village or City  Visit NAME instead of street and oùmber)  As How long In U. S. if of foreign birth?  Visit NAME instead of street and oùmber)  Village or City  Village or City  Village or City  Visit NAME instead of street and oùmber)  As How long In U. S. if of foreign birth?  Visit NAME instead of street and oùmber)  Visit NAME instead of street and oùmber)  Visit Name in Name in Visit Name in Nam
Village or City Noncerus Haspital Control of Greigh In the Name instead of street and o'under the Name in the Name
Length of residence in city or town where deeth occurred by yrs
2. FULL NAME  (a) Residence: No. Traducisk Co. Mdd St., Word.  (b) If nonresident give city or towo and State  PERSONAL AND STATISTICAL PARTICULARS  3/SEX  4. COLOR OR RACE OR DIVORCED (**prite* the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**prite* the word)  For If merried, widowed, or divorced HUSBAND of (or) WIFE of  22. The HEREBY CERTIFY That I attended decessed from 1933, to 527 That I attended decessed from 1933, to 527 That I attended decessed from 1933, to 527 The I attended decessed from 1933.
PERSONAL AND STATISTICAL PARTIED, WIDOWED,  OR DIVORCED (surice the word)  Se. If merried, widowed, or divorced HUSBAND of (or) WIFE or
PERSONAL AND STATISTICAL PARTIED, WIDOWED,  OR DIVORCED (surice the word)  Se. If merried, widowed, or divorced HUSBAND of (or) WIFE or
PERSONAL AND STATISTICAL PARTIED, WIDOWED,  30 SEX  4. COLOR OR RACE OR DIVORCED (agrice the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word)  5. If merried, widowed, or divorced HUSBAND of (or) WIFE of  22. The REBY CERTIFY That I attended decessed from 19.33, to 50 F. 19.33.
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("surite the word)  5. If merried, widowed, or divorced HUSBAND of (or) WIFE of  21. DATE OF DEATH  Fabruary /2 (Dey) (Yeer)  22. Tel HEREBY CERTIFY That I attended decessed from 19.33, to 721 19.33.
Female White State of Worker (Yeer)  Se. If merried, widowed, or divorced HUSBAND of (or) WIFE o
HUSBAND of (or) WIFE of (or) WIFE of (or) WIFE of (22. Tel   HEREBY CERTIFY That I attended decessed from 19.33, to Feb. 12. 19.33.
HUSBAND of (or) WIFE of (or) WIFE of (or) WIFE of (22. Tel   HEREBY CERTIFY That I attended decessed from 19.33, to Feb. 12. 19.33.
7. AGE 79 Years 4 Months 5 peys If LESS than to have occurred on the date stated above, at 12/20m.
The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:  Date of onset
Date of one et
8. Trede, profession, or perticular kind of work done, es SPINNER, Housewife Henry Sawyer, Bookkeper, etc. Housewife Henry Hen
9. Industry or business in which work was done, est SILK MILL, SAW MILL, BANK, etc.
SE OIL
Description (min brid /2 4 specific first occupation (min brid /4 specific first occ
ON O
(State or country)  (State or country)  (State or country)  (A)  (State or country)
Whet test confirmed diagnosis? Was there en eutopsy? K-O
23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
Accident, sulcide, or homicide?
where did injury occur?
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E - Place reary down pate its - 10 5
Placereagy Date Date Neture of injury  Neture of injury  19. UNDERTAKER 1 Services 19. UNDERTAKER 1. 1
Neture of injury  19 UNDERTAKER
(Address) framework If so, specify
20. FILED 3-12 by, 1933 America (Signed)
If more hanks are needed address State Pointress new N. Charles Street Belginger Progression 9) S. No. 1

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		LECK 1921	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WIT

V. S. No. 1

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2

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01717
Str.	1. PLACE OF DEATH	1960
ould sta	County Frederick	Registration Dist, No. 134
.2	Village or City Emils lines St	Josephs lacere St. Ward
10	, li-	dead occumed in a hospital or institution give its NAME instead of street and number)
CIANS	Length of residence In city or town where death occurred &yrsmos	ds. How long In U.S. if of foreign birth?
ICI.	2. FULL NAME Mances Pauretta Virgini	is Dentegrave (Sester Laretta)
PHYSICI ct staten	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Temple who to OR DIVORCED (write the word)	Tet 26 193 9
T J	5a, If marriad, widowed, or divorced	(Month) (Dey) (Yeer)
Ssif	HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
cla .	1 1 10:11	19.33,10, 2/24,19.88
E ate	6. DATE OF BIRTH (month, day, and year) W. 20 - 1841  7. AGE Years Months Days If LESS than	(Nast saw h. 227 elive on
stated proper ertifica	Q / / f day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
stated E properly certificate	8. Trade, profession, or particular	were as follows:
be of	kind of work done, as SPINNER, Dester of Charity	8 2 / 1 / con 1 / 201/20
may back	Nindustry or business in which	Goodel to Sall.
be carefully supplied. AGE sh EATH in plain terms, so that it important. See instructions on	SAW MILL, BANK, etc.	
	10. Date decesed lest worked at this occupation (month and ) / 1/2 8 occupation occupation	
	710 5 0-0	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Clay Orleans (Stata or country)	130 d. Dorr- Bayour 2/11/33
	al comme le l'ariant l'Arian	Chames Colored Seleron 1928-
	= 7	
	[ 14. BIRTHPLACE (city or town) West orleans (State or country)	Neme of operation
	# 15. MAIDEN NAME Darcas Walday	What test confirmed diagnosis? Wes there an autopsy? 2-32
	I	23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?
	(Stata or country)	Whara did Injury occur? S. I foughter beliege Burnets how
	17. INFORMANT St. Ulas Laurella	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
FIL	(Addrass) further and	- Luman
should E OF D is very	18. BURIAL, OREMATION, OR REMOVAL	Manner of injury tripped ser walking across
ISI N i	Placa bruntshing ledoata 4/ 2.8 ,1933	Nature of Injury Achine Jenus
mation s CAUSE TION is	19. UNDERTAKER Cle J. Shuff &	24. Was diseasa or injury in any way ralated to occupation of decaasad?
7	(Address) fremtalling led	If so, specify
(1)	20. FILEO 17-et 28, 1933 M. T. Shuff	(Signed) Morris W. Busy M. D.
	Wegistrar.	(Address) Vannout flat

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

	OF MARYLAND—	CERTIFICATE OF DEATH	01718	
1. PLACE OF DEATH County H MANCE	Rh of I	Registration Dist. No	137	
Village or City Mean	oak orchard	No. St., death occurred in a hospital or institution, give its NAME instead of street a	brew	
Length of residence in city or town where		gs. How long in U.S. if of foreign birth?yrs		
2. FULL NAME LLO ay	re monsoe &	ecker		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jen. 16 (Month) (Day)	., 193 3 . (Year)	
5a. If merried, widowod, or divorced HUSBAND of (or) WIFE of		22. Jaw 9 1933 to 216. 16 1933		
6. DATE OF BIRTH (month, day, and year)	tan. 9 1933	I last sew have alive on Jet 16 ,19	33; deeth is said	
7. AGE Years   Months /	Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at 1/2-0-m.  The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER,		m.	1	
SAWYER, BOOKKEEPER, etc		Induich Inguina Herria	Jan 9 -	
1). Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	V		
12. BIRTHPLACE (city or town)  (Stete or country)	drick Ca mo	Other Contributory Causes of importence:	301.0	
13. NAME Charles	A acker	weekou.	9-24-12	
14. BIRTHPLACE (city or town) (Stete or country)	ednick ( ) ms	Name of operation Oete o	2001	
(State of country)	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Whet test confirmed diagnosis?		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stele or country)	woll Coms.	23. If death was due to externel ceuses (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Oate of Injury		
17. INFORMANT MATTLE (Address)	H. Gellem	Where did injury occur?  (Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREMATION, OF REMOVAL	R. Date # 26-18, 1933	Menner of Injury		
19. UNDERTAKER (Address)	astale was	24. Was disease or Injury In any way releted to occupation of deceased?  If so, specify	านง	
20. FILED 17 , 1929	Registrar.	(Signed) (Address)	М. О.	

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Chronic interstitial nephritis	1921	Run over by street ear EE61 7. HVM	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		KECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	MARGII	MARGIN RESERVED FOR BINDING	ED F	OR BINI	DING	•	M	
PLAINLY, WIT	UNFAD	JING INK-T	HIS IS	S A PERM	ANENT	RECORD. Eve	PLAINLY, WIT. INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	
ould be carefull	y supplied.	AGE should	he st	ated EXA	CTLY.	PHYSICIA	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
P DEATH in pl	ain terms, s	so that it may	be pr	operly class	ssified. I	Exact stateme	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
providence and Con inchance on healt of antiffactor	Goo inctum	Joseph no prosto	06 000	.tifooto				

N. B.—WRITE PLAIN
mation should b
CAUSE OF DE

County CT Club County C	1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City 14 RYLAND TURERCULOSIS SANATORIUND.  Length of residence In city of favor where death decoursed ORIUyrs. 4MD mos. 2 9 ds. How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	1 radania XP	Pagistration Dist. No. 139
Length of residence In city of fown where death becoursed RILLyrs, 4MD mos. 2 9 ds. How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	THE PROPERTY OF THE PROPERTY O	RIUM
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write this word)  1. DATE OF DEATH  2. FULL NAME  (Usual place of abode)  MEDICAL CERTIFICATE OF DEATH  2. DATE OF DEATH	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)	Y1 0	7 ds. How long in U.S. if of foreign birth?yrsmosds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write this word)  16 nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		· oratrath
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
OR DIVORCED (write the word)		MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)	in out of the contract, but there by the contract	Ctel. 2 198 3
51. If merried, widowed, or divorced HUSBAND of	51. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of 22. I HEREBY CERTIFY. That I attended deceased from the state of the s	(or) WIFE of	22. THEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, end year) 200. 7.1907 I last saw her elive on Tel 1 1933; death is se	6. DATE OF BIRTH (month, day, end year) Cam, 71907	I last saw here elive on Tel 1 ,1933; death is said
7. AGE Years Months Days If LESS than to have occurred on the date steted above, etm.	7. AGE Years Month Days If LESS than	
26 0 25 I dey,hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	/ 16 / 1 / 7	were se tollows.
	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
9. Industry or business in which	SAWYER, BOOKKEEPER, etc.	R. Jana J. Jana
work was done, es SILK MILL, SAW MILL, BANK, etc.	work was done, es SILK MILL, SAW MILL, BANK, etc	memonay (mercucoses
and a secondarious (mountains) 1.0.2.4 Shauttit (iii) 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	- I conspection (month and a shall fill fill a little and a shall fill a little a shall fill a little and a shall fill a little a shall fill a l	
year) Other Contributory Causes of importance:	year) Conupation 4 9 10	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) / / Wwy and:  (State or country)		
100000000000000000000000000000000000000	E IN DIDIVINAGE CON A MARCHANIA A A A A A	None
(State of country)	(State or country)	Vita P. Amiliano
What test confirmed diagnosis? Was there an europsy? View 15. MAIDEN NAME Was there are every construction of the confirmed diagnosis? View 15. MAIDEN NAME Was there are every confirmed diagnosis? View 15. MAIDEN NAME Was there are every confirmed diagnosis? View 15. MAIDEN NAME Was there are every confirmed diagnosis? View 15. MAIDEN NAME Was there are every confirmed diagnosis?	15. MAIDEN NAME Mattie Baldwin	3
15. MAIDEN NAME Wattie Baldwin 23. If death was due to external causes (VIOLENCE) filt in atso the following:  16. BIRTHPLACE (city or town) Maryland:  Accident, suicide, or homicide?  Date of Injury	5 16. BIRTHPLACE (city or town). Maryland.	
Where did injury occur?	∑ (State or country)	Where did injury occur?
17. INFORMANT Blanche Farrall (on admission) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	17. INFORMANT Blunche Jairall (on admission	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Odention a.a.co. md.	The state of the s	
Place On I ma Wild pate landsupper or injury	and a standard	
Nature of injury.	M. 4. Calapa	
19. UNDERTAKER / C	1 7 7	
20, FILED 17/22 19 Miles (Signed) I ewant S. Shaffu M.	20 EUED 17/2 7 10 MILE.	Maria Maria
Registrar. (Ardress) State Sanatonin n		(Ardress) State Sanatoring my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURLAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 01720
1. PLACE OF DEATH	(23)
County CLAND TUBERCULOSIS SANATUR	Registration Dist. No. 137
Village or CitySTATE_SANATORIUM, MD.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	L. S. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MOSES (Te	inglass of
(a) Residence: No. 2042 Orllans	st., Ward. Ballo Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED. (write the word) Wale Wute S. SINGLE, MARRIED, WIDOWED. OR DIVORCED. (write the word)	21. DATE OF DEATH Jeb 6 1983 (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   I HEREBY CERTIFY, That I ettended deceased from
(01) HITE OF Hosie Irlinglass	Qual 8 1931 to Jell-6. 1933
6. DATE OF BIRTII (month, day, end year)	Hast saw h is alive on Feb 5 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:45-A-m.
4 9 4 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER.	Pare of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Dulmonary werculosis
S Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	
10. Data deceased last worked at this occupation (month and pear) spant in this occupation making year)	
Pannia.	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	
13. NAME David cheinglass	
13. NAME David Creinglass 14. BIRTHPLACE (city or town) Poland	Name of operation www Date of
(State or country)	What test confirmed diagnosis thert & ray + Box Mas there an au opsy? Mi
15. MAIDEN NAME 13. SSLE	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Bessie ?  16. BIRTHPLACE (city or town) Paland.	Accident, suicide, or homicide? Date of injury, 19
(State of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MOSES Clemglars (on admission (Address) 2042 Orleans St. Balto Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date No. Date No.	Nature of injury
19. UNDERTAKER M. L. CLESSEN	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Thursday, mu.	If so, specify
20. FILED	(Signed) Aute Sematerum M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	, 1 year

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

supplied.

mation should be carefully

N. B.—WRITE PLAINLY, WIT

Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE	OF DEATH
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6	1	1	()	40
0	I	1	4	1

1. PLACE OF DEATH	23
County Tre devels	Registration Dist. No. 131
Village or City Montes & Hours Lal	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
M . N	Low long in U.S. if ol foreign birth?yrsds.
2. FULL NAME and tesher	and and
(a) Residence: No. O White Bridge (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A. A
male Colored OR DIVORCED (write the word)	Jeb. 1933
5a. If merried, widowed, or divorced	(Ody) (Year)
HUSBANO of Cory WIFE of School Cory	22.   HEREBY CERTIFY, That 1 attended deceased from
sousa Hill	Jan 0, 1953, to Jan 31, 1953
6. DATE OF BIRTH (month, day, and year) Cug 12, 1843	I last saw holine alive on 2 and 3 1 193 3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 1 2m.
89 5 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, prolession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, Agree Labres SAWYER, BOOKKEEPER, etc. Agree Labres  9. Industry or business in which	1931
work was done, as SILK MILL, SAW MILL, BANK, etc.	Julinouary AB
0 10. Dato deceased last worked at 11. Total time (years)	J
this occupation (month and year) Surface 1, 1932 spent in this occupation 7/	
12. BIRTHPLACE (city or town) Waryland	Other Coatributory Causes ol importance:
(State er country)	
# 13. NAME Charles Tiples	
13. NAME Charles trailer  14. BIRTHPLACE (city or town) Waryland	Neme of operation
(State or country)	Neme of operation Date ol  What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Wary Bring	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Wary Brown  16. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT James, a. Jones Sust.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Marstern Honx Tied K Mid	The state of the s
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Clasticles Cem. Date 4 - July 1933	Nature of injury
19. UNDERTAKER Paroll & allowah	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Wandslaw Wa	If so, specily
20. FILEO 2 - Fich. 1933. Or 214 Ams cml	(Signed) Booksesses M. D.
Registrar.	(Address) Inderick and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.-The number of years the deceased followed the occupation.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		Date of onset  1 week ago
Chronic interstitial nephritis	1921			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	8861 V 21V	3 days ago
			URALEGA	
Other contributory causes of importance:		Other contril	outory causes of importance:	
Gallstones	May 1,1923	lay 1,1923 Gastroenteritis		1 year

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5 I A I E OF MARYLAND	D—CERTIFICATE OF DEATH (11722
7.0.	Registration Dist. No. / 3/
	Registration Dist. No./ 3/—
Villago or City Trederick	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Catharine +	out
(a) Residence: No. 104 N. Markey	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the wor	g) Library 4 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of C. Mill Foux	22.   I HEREBY CERTIFY, That Lattended deceased fr
	July 193/ 10 4 - Vely 193:
6. DATE OF BIRTH (month, day, and year)	Judst saw h. Av alive on 4 - Judy , f 3 f; death is s
7. AGE Years Months Days If LESS th	
ormin.	
8. Trade, profession, or particular kind of work done, as SPINNER Cetured SAWYER, BOOKKEPER, etc.	(1)
SAWYER, BOOKKEEPER, etc.	Carcinous 9 Warns 6- fre
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at Deceased last worked last	Quellines (Q)
Date deceased last worked at this occupation (month and spent in this	Thurs orders ( thou)
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Frederick	Other Conditional Control of Importance.
(State or country)	
13. NAME John Carsenham  14. BIRTHPLACE (city or town) Alsolce Coroin	(b, p, )
14. BIRTHPLACE (city or town) Waste Coroce	Name of operation Coffee State of Ling 3
(State of country)	What test confirmed diagnosis? The borne was there an autopsy?
15. MAIDEN NAME Margaret W. Wents	23. If death was due to external causes (VIOL ENCE) fill it less the following:
15. MAIDEN NAME Margaret V. Wents  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Mars Bell' & and	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Treduck ned.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manage of Latinus
Place net olivat lever Date tely 60, 19	Nature of Injury
log loling Hon.	
19. UNDERTAKER  (Address)  Traducal red	24. Was disease or injury in any way related to occupation of deceased?
Until' 22	(Signed)
20. FILED T 1998 Registra	
	istrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	VAP 4 1933	July 5, 1927	Peritonitis	3 days ago
	BURBAU V.B	1		
Other contributory	causes of importance:		Other contributory causes of importance:	* 1
Gallstones		May 1,1923	Gastroenteritis	1 year

infor- state UPA-		CERTIFICATE OF DEATH
HEATT I	1. PLACE OF DEATH	<u></u>
em of i	County Frederick	Registration Dist. No. 147
	Village or City Near Creagerslowy Md	ND. St., Ward
= 0		death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
Ev CIA	2. FULL NAME Seorge W. Free	
RD. Every YSICIANS statement	(a) Residence: No. Usedsessom Ind	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (grice the word)	21. DATE OF DEATH
L Z Z -	mole. Whele Widowid	(Month) (Dev) (Year)
ING NENT CTL ified.	5a. If merried, widowed, or divorced HUSBAND of	
OA	(or) WIFE of man Free.	1 HEREBY CERTIFY. That I attended deceased from
EXE E	10 11 10117	1932 to 14 - 1933
	6. DATE OF BIRTH (month, day, end year) Diec 2 - 184	I fest saw harmalive on Ja Str. 1 4, 19.3.3.; death is said
FOR IS A I stated properl ertifica	1 day by	to heve occurred on the date steted ebove, at 2, 22. 4.m.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
FOR IS A stated proper ertific	85- /3 raey,mis.	were as follows:
7.0	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	PD: 10
国 当	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and	Ohrone Oreghts deserve
ERVI NK-T] should it may n back	work was done, as SILK MILL, Day Johns	
INK INK sho	10. Oate decessed last worked et 11. Total time (years)	
RES VG II AGE that	10. Date decessed last worked et this occupation (month and yeer)	
7 4: - 0	1:1. 81.	Dther Contributory Canses of importance:
IN DIP	12. Birthplace (city or town) School Africa.  (State or country)	
MARGIN UNFADI supplied. n terms, se	March 1	Crlerevochlerous
	14. BIRTHPLACE (city or town) Silver Sfory Ind ,	
MA Sur See	14. BIRTHPLACE (city or town) Allers Syry My (State or country)	Name of operation Oete of
> 10		Whet test confirmed diegnosis?
X, WI carefull PH-in p	15. MAIDEN NAME SUSTANDE SUSTA	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
or H ar	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oete of injury, 19
PLAINLY ould be can be DEATH rery important.	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
AL	17. INFORMANT Susu Keloh	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLAINLY, should be car OF DEATH	(Address) lossequestondi	
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Plece Ale for had Date The C 1933	Neture of injury
WRIT mation CAUS)	19. UNDERTAKER M. J. Case esca of Sun	24. Was disease or injury in any way related to occupation of deceased? Zee
No. No.	(Address)	if so, specify
Si B	20. FILED Pelo 6 1933 anne m - Lores	(Signed) (O. W. Stulls M. D.
> 2 ( )	Registrar.	(Address) Wardstease Md:

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10.-The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
MANAGER CONTRACTOR OF SECTION OF			

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Tre dericle	Registration Dist. No. / 2/=
Village or City Montevue troutal	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME A rank Strices  (a) Residence: No. East le the St. Trederick	25 ds. How long in U.S. If of foreign birth?yrsmos
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (swrite the word)  Wale  Colored  Seringle	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I atlended decessed In
S. DATE OF BIRTH (month, day, end year) 10 9 8 6 9  2. AGE Years Months Deys if LESS then 1 dey,hrs. ormin.	I tast sew house alive on Jelf 10, 1933; death is so to have occurred on the date stated above, at 11, 2 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:  Date of one
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEFER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked et this occupation (month end spent in this occupation (month end spent in this occupation).	angunghestorie fond
this occupation (month and year) - Sau 18 1933   spent in this occupation 50 year) - Sau 18 1933   spent in this occupation 50 years (State er country)	Other Contributory Causes of importance:
13. NAME Sauson Gonies	
14. BIRTHPLACE (city or town) Manylaul (Stete or country)	Neme of operation Date of Was there an autopsy? A.
15. MAIDEN NAME Leasey Junio  16. BIRTHPLACE (city or town) Manyland (Stete or country)  17. INFORMANT James Q. Jones Supt.	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Pieco Painsieur Campato Filo 14, 1938	Manner of Injury
8. BURIAL, CREMATION, OR REMOVAL	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Dath of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitud nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 wear

ADDITIONAL SPACE I	FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH (11725
1. PLACE OF DEATH	23)
County Frederick	Registration Dist. No. /3/=
Village or City Frederick 4	NO. 54 East Patrick St. Ward
13	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Callerine Mirrar	n Douker
(a) Residence: No. 54 East- Patrick	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale While Married (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, They I attended deceased from
(or) WIFE of Joseph & Souper	xkorral glazel 10 Feb 12 10 2
6. DATE OF BIRTH (month, day, and year) 9-8-1894	I last saw her alive on Fele. 1 2 1933 death is seid
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 9:45 A.m.
38 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or perticular	Corrested Victoriares Date of onset
SAWYER, BOOKKEEPER, etc.	tuberculosis 1?
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	acute / lephrites 4/3:
11. Total time (years) this occupation (month and year) occupation	Comas
7 1 1 1	Other Coatributory Causes of importanca:
12. BIRTHPLACE (city or town) Freatening (State or country)	•
	-
3 / /	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	Whet test confirmed diagnosis? Was there an autopsy? We
2 / 01/	23. If death wes due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) Frederick Miles (State or country)	Accident, suicida, or homicida?, 19, Date of injury, 19, Where did injury occur?, 19
	(Specify city or town, county and State)
17. INFORMATIONS Many Homes (Address) 54/6 Petrick 25 Trederick Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Stylohno Cornely	Manner of injury
Place treolerick My Date 2-15 1933	- Nature of injury
16 9 60 1-	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKEN Change (Address)	If so, specify 970
	(Signed) L. M. Jananay M. D
20. FILED 19- Film, 192 8 toa meling	(Address) Tolderice The
f +	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follo	WS:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	SIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	was how	1921	Run over by street ear	1 week ago
Corebral hemorrhage	MAR A 1993	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

County	Frederic	14.		Registration	Dist. No. 15	10
	ity Mews M		No. (If death occurred in a hospital or			
Length of resi	dence in city or town where	death occurredyrs		.S. If of foreign birth?	yrs	mos
2. FULL NA	.,	of alice of	rabill			
(a) Residen	ce: No.	(Usual place of abode)	St., Ward.	If nonresident	give city or town a	nd State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH	
3. SEX /	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (rurite the wor	D. 21. DATE OF DEA	Fel. (Month)	(Day)	, 193 <b>5</b> (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	Samu G	rabill	22. Lali HERI	EBY CERTIF	Y. That I ettende	ed deceased for
6 DATE OF RIRTH	month, day, end yeer) 2/1	w 13, 183	1 last sew h. er elive	on Fel.	18 193	3; death is
7. AGE Yee		Deys If LESS th		te stated above, et 8:3	Opem.	
	79 9	1 day, or mir	hrs. The PRINCIPAL CAUSE OF were es follows:	F DEATH end related caus	of importance	Date of on
SAWYER,	ssign, or particuler vork done, es SPINNER, BOOKKEEPER, etc.	Courses	Chronic	Nalva	lor	Bloyla
9 Industry or work wes	business in which s done, es SILK MILL, L, BANK, etc	Letered	diseas	/)	st.	
	ed last worked at pation (month and	11. Total time (yeers) spent in this occupetion		<b>5</b>	•	
12. BIRTHPLACE (ci	ty or town)		Other Contributory Causes	of importance:		
(State or cour	1//1	gema	- acute	detalat	ion 2	Fely
13. NAME -	Israel (	may	heart		7	195
13. NAME 14. BIRTHPLACE			Neme of operation		Dete of	
(Steta of	country)	rgena .	Whet test confirmed diagno	osis?	Wes there e	n eutopsy?
15. MAIDEN NA	ME/Cebecce	Menyman	23. If deeth wes due to exten			-
O 16. BIRTHPLACE	(city or town)	. 40	Accident, suicide, or homic		Dete of injury	, 19
17. INFORMANT	no flor	Smilly	Where did injury occur? Specify whether injury occu	(Specify city or	r town, county and S OME, or in PUBLIC	tate) PLACE.
18. BURIAL, CREMAT	ION, OR BEMOVAL	er ma	Manner of injury			
Plece	buril	e Dete tet 2h , 19				
19. UNDERTAKER (Address)	St. My 24	Johns Va	24. Was diseese or injury in	eny wey related to occur	petion of deceased?	no
20, FILED. Fu	1-20,000	8. Phores	(Signed) for	and of D.	elles	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
PERMAUV S			
Other contributory eauses of importance:	Disc.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	County Frederick	Registration Dist. No. / 3 D
	Village or Gity Buckeystown	No. St., War
	Length of residence in city or town where death occurred the yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds How long in U.S. tf of foraign birth?yrsd
2	2. FULL NAME Clara Trimo	ms Graff
	(a) Residence: No. Bully tone (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX  4. COLOR OR RACE  OR DIVORCED (wrighthous)  On Divorced (wrighthous)	
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of John P. 5 male	22. 1 HEREBY CERTIFY, That Lattanded dacaased fro
_	DATE OF BIRTH (month, day, and year) Date, 2 - 1859	I last saw h el alive on 2 / Februar a 1988; death is sa
7.	AGE Years Months Days tf LESS th	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
PATION	8. Trade, profession, or particular kind of work done, as SPINNER Returned Housek SAWYER, BOOKKEEPER, etc.	The Throughour of Ston
	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	C 1932
DOCO	10. Date deceased last worked at this occupation (month and 1933)	ti
12.	BIRTHPLACE (city or town) Frederick Com	Other Contributory Causes of importance:
ER.	(State or country) Trid.  13. NAME Richard Times	Carelina della
FATHER	14. BIRTHPLACE (city or town) Frederick Co. (State or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy
HER	15. MAIDEN NAME Thereas a Kinger	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) Thusilly	Accident, suicide, or homicide? Date of injury, 19
	(State or country) thrormant Miss Therese Groff	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, to HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Compate Mel. (19)	Manner of Injury Nature of injury
19.	UNDERTAKER C. E. Coline + Im (Addrass) Frederica mid	24. Was disease or injuryin any way related to occupation of deceased?
20,	FILED Faly 28, 1933 T. Clyl - Rouling Registra	(Signed) La finite andy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

should be

OF DEATH in plain terms, so that it may

garefully supplied.

certificate.

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See instructions on back

is very important.

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Exact statement

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01728
1. PLACE OF DEATH	(159)
County Frederick	Registration Dist. No. / 3 b
Village or City adams Lours	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(If Langth of residence in city or town where death occurred to the control of th	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
DOANE SIMEFIN	
2. FULL NAME Sally you you	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH. 28 ; 193 \$
ba. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIRTH (month day and war) Tel. 27, 1933	1 last saw h a T alive on Feb 27, 1933 death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8:50 A.m.
O O O gray Komin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total tima (years) this occupation (month and	- Jumaline Birth
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date decessed last worked at this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Claumstaury	Twin Buth
(State or country) Marifland	
13. NAME Norwood Green  14. BIRTHPLACE (city or town) Marshard	
14. BIRTHPLACE (city or town) Many (State or country)	Name of operation
(State of country)	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Manual alega	(Specify eily or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (dam statum Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Collection Date March 1933	Natura of injury
19. UNDERTAKER M. R. Celchison, & Lon	24. Was disease or injury in any way related to occupation of deceased?
(Address) frederick, Mid.	If so, specify
20. FILED Toly 28, 1933 Toly 1, 1 Coul	(Signed) Mac Local M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01729
1. PLACE OF DEATH	(159)
County traderick	Registration Dist. No. 130
Village or City adamstour	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred wrs. mos.  2. FULL NAME Bong Fine Years.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, wildowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Feb 27, 19 33, to Feb 28, 1935
6. DATE OF BIRTH (month, day, and year) february 27, 1933	i lest saw her alive on Feb 27, 19 13; death is said
7. AGE Years Months Deys If LEST than 1 day, 10 hrs.	to have occurred on the date steted above, et 8:30 Am.
O 1 O   or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Part Birt
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and	y remaine which
10. Oate deceased last worked el this occupation (month and year) 11. Totel time (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) and amostoure (State or country) Mary Jan	Other Contributory Causes of importance:  Buth  Buth
# 13. NAME Howard areas	
13. NAME Stown Great  14. BIRTHPLACE (city or town) Morey Loud  (State or country)	Neme of operation Oate of What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Saltarine Lauson	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Saltarina Lauson  16. BIRTHPLACE (city or town) - Mary lauson  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Tours of Quantities (Address)	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St of Rolls New Date Man Date 1, 1933	Menner of Injury
19. UNDERTAKER J. R. Extusion + Son	24. Wes disease or injury in any way related to occupation of deceased.  If so, specify
20. FILEO. Fabry 2-5., 1933 T. Chy. Il yellow. Registrar.	(Signed) M. D. (Address) adamstown M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	VRITE PEAINLY, W. H UNFADING INKTHIS IS A PERMANE REC	Item of information should be carefully supplied ACE should be stated EXAS should state CAUSE OF DEATH in plain terms so that it may be properly of
•	PEAIN	of inforuid stat
	VRITE	s sho

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick, Maryland.	CERTIFICATE OF DEATH
Near	Registration Dist. No. 13/
Village or City Francisch (No.	St.: Ward) (If death occurre a hospital or ins
2FULL NAME No name Baly gu	f Half. tion, give its NAMI stand of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH February 13th (Month) (Pay) (Year
February 13th , 1933	Feb. 13th 192 33 Feb. 13th 182 KKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7 AGE    HLESS than   day Xhrs   X   wrs.   X   day Xhrs   x   day   Xhrs.   X   day   Xhrs.   X   x   x   x   x   x   x   x   x   x	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(D)
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)  Frederick County, Maryland  10 NAME OF FATHER Clifton E. Ackers	Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (2/13/33 <sub>192</sub> (Address) Freuerick, Maryl
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Frederick County, Maryland  10 NAME OF FATHER Clifton E. Ackers  11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) (Signed) (Address) Freuerick, Maryl
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Frederick County, Maryland  10 NAME OF FATHER Clifton E. Ackers  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Hannah M. Hall  13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  2/13/33.192 (Address) Freuerick, Maryl  *State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whethe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Frederick County, Maryland  10 NAME OF FATHER Clifton E. Ackers  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Hannah M. Hall  13 BIRTHPLACE OF MOTHER (State or country) Maryland	Contributory Secondary  (Duration)  (Signed)  2/13/33.192 (Address) Freuerick, Maryl  *State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whethe Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yis

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the luborer er," etc., without more precise specification as Duy Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Serumi, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement whatever, write None. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Woinyrs). For persons who have no occupation (b) Automobile factory. The material engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrovapinal fever (the only definite synonym is "Epidemic cerebros and meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

4

"Uraemia," "Weakness," etc., when a definite disease stated unless important. (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcono., etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by Committee on telunus) may be stated under the head of "contributory." accident; Revolver around of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway train Never report mere symptoms or terminal condicough; for malignant neoplasms); Measles; Chronic Example: Meosles (disease " "Old Age, " "Shock," etc. The contributory volvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA.

Exact statement

B.—WRITE

ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH	221
1. PLACE OF DEATH	(2)	187
County Firederick	Registration Dist. No. / 4	4
Village or oily Lawistown	No. — St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of tesidence in city or town where death occurredyrs\$mos.	ds. How long In U.S. if of foreign birth?mos	ds.
2. FULL NAME Amy E. Hett		
(a) Residence: No. Lowes Lower	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Februale White OR DIVORCED (write the word)	February, 17, 1933	193 (Year)
5a. If married, widowed, or divorced	(month) (vay)	(Teal)
HUSBAND of George Hett	22. I HEREBY CERTIFY. That I attended d Feb. 10, 1933 to Feb. 17,	eceased from
6. DATE OF BIRTH (month, day, and year) Jeeley 27 1877	Feb 17 33	death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abovo, at 5 • 30 Am.	
5.5- 6 20 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca	
8 Trade profession or particular 4.6	wero as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER Locate Wife SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Wark was done as SILK MILL CO.	Cerebral hemorrhage	a. P
9 Industry or husingss in which	Octobrat Homossme	FEG. 1.0
SAW MILL, BANK, etc Church do once		1913.
10. Data decaased last worked at this occupation (month and 932 spent in this 30 occupation		
Nicayor OD 1 4	Other Contributory Causes of importance:	
12. BIRTIIPLACE (city or town) Shootes lawn (State or country) Manyland		
I 13. NAME LOENRY GONSO		
13. NAME Joseph Gonso  14. BIRTHPLACE (city or town) From Section Bo	Name of operation Data of	
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Colore toll	23. If death was due to external causas (VIOLENCE) fill In also the following:	
5 16. BIRTHPLACE (city or town) Trederick 60	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Maryland	Whera did Injury occur?	
17. INFORMANT Mors Edward Webster (Addrass) Lowers tower Md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Met Olivet beren Feb 10,1933	Nature of injury	
19. UNDERTAKER Thomas P. Rice.	24. Was diseaso er injury in any way related to occupation of deceased?	No
(Address) Foedereck Mod.	If so, specify	)
20. FILED Tab. 18, 1923 Anna M. Jours	(Signed) 552 ft State of State	M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Washington V. S.	_:\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	. 1 year

V. S. No. 1	BWRITE PLAN	mation should b	63	TION is very in
V. S.	Z.	(	T	

	1. PLACE OF DEATH	Desired 134
	Ø . 4.0	Registration Dist. No. 1 2 4
	Village or City (If	No. St., death occurred in a horpital or institution, give its NAME instead of street and nu
		ds. How long in U.S. if of foreign birth?yrsmos.
	2. FULL NAME Kerial 7 Hal	en e
	(a) Residence: No.	St. Ward.
-	(Usual place of abode)	If nonresident give city or town and S
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ches 7 7
12	enule white married	(Month) * (Vay)
31	. If married, widowed, or divorced  WUSDAND or (or) WIFE of	220 A. I. HEREBY CERTIFY The lettended de
-	John D. Stockinger	Deld 26 1900 200 Delin 2 -
6.	DATE OF BIRTH (month, dey, and yeer) Sec. 29 1846.	I lest say he Y alive on Leah 3/1, 1933
6. 7.	AGE Years Months Deys If LESS than	to have occurred on the date stated above, et
	86 1 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance were es follows:
	8. Trede, profession, or perticuler kind of work done, as SPINNER,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ATION	SAWYER, BOOKKEEPER, etc.	may we then we have
UNCH	work wes done, es SILK MILL, Jones Lady	·
OCCUPA	10. Date deceased lest worked at , 11. Totel time (years)	
	this occupation (month and 41/32 spent in this occupation 61	0.000
12	. BIRTHPLACE (city or town) hear year earshing	Other Contributory Causes of importance:
TER LER	(State or country)	ways - sorrain
	13. NAME Jacob alleman	
FATI	14. BIRTHPLACE (city or town) the Wescershing	Neme of operation Date of
· -	(Stete or country)	What test confirmed diagnosis? Was there an aut
HE	15. MAIDEN NAME Susay Crowner	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Less Generaling (State or country)	Accident, suicide, or homicide? Dete of injury
	(State of country)	Where did injury occur? (Specify city or town, county and State)
1 17	INFORMANT CALLY D. Cherry (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC
	BURIAL, OREMOVAL	Managed India
2	Place Emulating and Date March 1, 1933	Manner of injury
19	74 + 10 0	Nature of injury
19	* (Address) Fruith	24. Was disease or Injury in any wey releted to occupation of deceased?
	Mar as M FROT	(Signed) Krooper a. Lamo
20.	FILED THE THE THE THE STATE OF	(Address) & multiloug

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(lastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUERAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-40

20	or- ite A-	STATE OF MARYLAND	CERTIFICATE OF DEATH	735
M)	of infor-	1. PLACE OF DEATH	92-0	57
	should of OCC	County Frederica	Registration Dist. No.	2/
	shor of O	Village or City middleburg	No	Ward
		Length of residence in city or town where death occurred 28 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	
	Every CIANS ement	2. FULL NAME Lacorence P. Ko		
	9.3		St. Ward.	39
	RECORD. PHYSI Exact stat	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
	PHY PHY xact si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Ex Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH Left. 21	3
rh	T L ed.	male White Midows	(Month) (Day)	(Year)
Ž	C T iffed	5a. If married, wildowed, or divorced HUSBAND of	22.   HEREBY CERTIFY That I attended	deceased from
9	MA CA lass	(or) late many L. Koons!	Oca 1 132 Jel. 20	1933
BINDIN	ERM EX, r cla	6. DATE OF BIRTH (month, day, end yeer) /85-6-2-28	I last sew h elive on 7 6 20 , 1932	; death is said
	oed ed fica	7. AGE Yeers Month's Days If LESS than 1 day, hrs.	to heve occurred on the date steted above, at 230 2 m	
FOR	IS A PE stated E properly certificate.	/6 // 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
0	HIS be so of co	8. Trade, profession, or parlicular kind of work done, es SPINNER Tannes (retired)	97	1000
VEC			Chique Nativalas	1920
	should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  U do, Date deceased lest worked at this occupation of months and spent in this	disease of wear	
RESER	4 2 1 0		0	
RI	NFADING I pplied. AGE erms, so that instructions	year) occupation	Other Contributory Causes of importance:	
Z	DIN A so t ictio	12. BIRTHPLACE (city or town) Trederick lat, (State or country) Many land		700
ARGIN	FA lied ms, stru		ligate delalation	1923
AF		= -011.0660	The state of the s	1,700
2		(State or country)  14. BIRTHPLACE (city or town)  (State or country)  May land	Name of operation	eulonsy?
		TI 15. MAIDEN NAME UNITED	23. If death wes due to external causes (VIOL ENCE) fill in also the followin	
	arel H ir	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
1	NILY, ATH ADOLT	State or country)	Where did injury occur?(Specify city or town, county and Sta	
0	PLAINLY, WI nould be careful JF DEATH in p	17. INFORMANT Harry 1: Olobartsone,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	LACE.
	PI hou OF	(Address) P. F. D. Amiddleburg had,		
		Place Bewer Dane County Leby 23,1933.	Manner of Injury	
	-WRITE mation sl	1 m molar 1	24. Wes disease or injury in env way related to occupation of deceased?	no
0.1	TOF	19. UNDERTAKER (Address) Truckild Mid.	If so, specify	
S. No.	B (7)	11 21 33 TINES	(Signed) Bolando Diller	M. D
>.	2 ( )	20. FILED FULL THE, 1923 PROBLEM	(Address) Delour and	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01736	
1. PLACE OF PEATH		
County frederick	Registration Dist. No.	
Village or City MT Oble as all	No. St., Ward	
Length of rasidence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Charles Celisar Lenn	lah	
(a) Residence: No.	St. Ward. Mary loud	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH	
male Mule Sugle	(Month) (Day) (Year)	
5a. If married, widowed, or divorcad HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from	
	Ful- 9 ct , 19 33 , to Jul 9-1933 , 19 3	
6. DATE OF BIRTH (month, day, and year) $2 - 9 - 1933$	I last saw h Lina alive on Dead July 9-, 1913.3.; daath is said	
7. AGE Years Months Days if LESS than 1 day, hrs.	to hava occurred on the dete stated abova, at&@m.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.		
SAWYER, BOOKKEEPER, etc		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work wes done, as SILK MilL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and spent in this		
year) occupation occupation	Other Contributory Canaca of importance:	
12. BIRTHPLACE (city or town) M Pleasure	Office Commission Commission of Importance.	
(State or country) frederect co mid		
13. NAME Issued to the second		
14. BIRTHPLACE (city or town) Frederick Co	Nama of oparation	
(Sield of Country) Marie	What tast confirmad diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town) frederick cof	23. If daath was due to extarnal causas (VIOLENCE) fill in also the following:	
[5] 16. BIRTHPLACE (city or town) Frederick Cof	Accidant, suicida, or homicide? Data of Injury, 19	
1. 2000	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) 22 Please of Leak of	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Buckey Nous ate fet 1 6 , 19 33	Natura of injury	
19. UNDERTAKER Thomas P. Rece	24. Was disaase or injury in any way related to occupation of daceased?	
(Addrass) 406 n. marked St. Fredly	If so, specify	
20. FILED/0- Fely 1933 Thuluper & R. Jones	(Signad) If It I Spankers M. D.	
Registrar.	(Addrass) 303 S. Brooked St. Inda Mid.	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
The state of the s	131		
County Trederich	Registration Dist. No. / 3		
	No. 0 S St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where deeth occurred by yrsmos	ds. How long in U.S. if ol foreign birth?mosds.		
2. FULL NAME William G. / IVIA	Rol		
(a) Residence: No. 605 South Markef (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5e. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Claa Baker	1 HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) June 18 1871	Hast saw have alive on July, 25 1933; deeth is said		
7. AGE Years Months Days If LESS than I day. hrs.	to have occurred on the date stated ebova, at 9-30 kmm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER Duck Macoy SAWYER, BOOKKEEPER, etc.	Capina Rections, Februs		
kind of work done, as SPINNER The Macoy SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Date deceased lest worked et 6 - 1931 11. Total time (years) this occupation (month and	J		
10. Date deceased lest worked et 6 - 1931 11. Total time (years) this occupation (month end year) corupation			
Frederick Co	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) # Medicine (State or country)			
13. NAME James W Marker  14. BIRTHPLACE (city or town) Frederich C.			
14. BIRTHPLACE (city or town) Frederich Co	Namo of operation Date of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Otilla Miss	23. If death was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Otilla Miss  16. BIRTHPLACE (city or town) Treslevick (some or country)	Accident, suicide, or homicide? Date of injury, 19		
(State or country)	Where did Injury occur?(Specify city or town, county and State)		
17. INFORMANT Shurte a Markoe (Address) Frederick Mid	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL JM Celiver	Menner of injury		
Place Trederics My Date 2- 28 , 1933	Nature of injury		
19. UNDERTAKER Larry & Carly (Address)	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED LZ Pelly, 19 33 Doa meluly.	(Signed) The Jefenden M.D. (Address) 303 S. Madd A. Baling Virel,		
If more harbs are needed address State Resita	The N. Charles Sweet Belginson Proposition 71 S. No. 2		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

should

Jo

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Corebral hemorrhage	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	Date of onset  1 week ago 1 week aga 3 days ago
V Marian and a service of the servic			3 days ays
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Charletones	112119 2112000	ados contrato	2 gods

V. S. No. 1

WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	Y. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
S IS A PERMANEN	stated EXACTL	properly classified.	certificate.
UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of
WRITE PLAINLY, WIT	ation should be carefully	AUSE OF DEATH in plain	ION is very important. S

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1/60
County Frederick	Registration Dist. No. 138
Village or City Me Mourovia	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Ma Chin	
(a) Residence: No. M. Monsovie.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Leb 4th 1933
Se. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of Catherine Perry Mc Clain	22. I HEREBY CERTIFY. Thet attended decessad from 1933 to 44 4 1933
6. DATE OF BIRTH (month, day, end year) Sely // -/866	lest saw h in alive on Feb 4, 19.33; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, et 130 P.m.
76 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trede, profession, or particular	Influence land
kind of work done, es SPINNER, farmer	1 0 1/933
SI Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O LO Date deceased last worked at	
o this occupation (month end 1910 spent in this Lefe occupation for the spent in this Lefe	
12. BIRTHPLACE (city or town) Mr. Hyattstown	Dther Cuntributory Causes of Importances Tell,
(State or country) Frederick Co Maryland	/932
13. NAME Joshua Mc Clain	
13. NAME Joshua Mc Clain  14. BIRTHPLACE (city or town) Mr Hyattatown	Name of operation Date of
(State or country) Tredesich Co Maralane	Whet test confirmed diegnosis? No Was there en autopsy? No
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town)	23. If death was dua to external ceusas (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Edward M. Mc Claim (Address) Mary over 92	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hyattitous Dete Feb / 1933	Nature of injury
19. UNDERTAKER W. C. Burdette + Lou (Address) 942 25 15 15 200	24. Wes disease or injury in any way related to occupation of deceased? No
20. FILED Feb 4 , 1933 Lucian / Falconer Registrar.	(Signed) Church P. Roup M. D.  (Address) New Warker Mg. M. D.
Acquirat.	(Auditor)

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT R

stated EXACTLY.

AGE should be

supplied.

mation should be carefully N. B.—WRITE PLAINLY, WIT

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is tery important. See instructions on back of certificate.

PHYSICIANS should state ORD. Every item of infor-

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH	740
County The derick	Registration Dist. No. 131	
Village or City Montevie Hossiful	No. St.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME John Mi Kenny		
(a) Residence: No. (Usual place of abode)	A.Şt., Ward.  If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	193.3
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	I last saw Hum alive on Jel 2 ,1983;	death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at	
801 MR WOOD COMIN.	was as fallows.	Date of onset
8: Trade, profession, or particular kind of work done, as SPINNER, Land Lalvu Lalvu		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (menth and	Chrone my vacaditis	1927
11. Total time (years) spent in this occupation want 32, 1937		
12. BIRTHPLACE (city or town) . Waryl and	Other Contributory Canass of importance:	
(State er country)  Signature State of Country)	Orters Scarosco	<i>E</i>
14. BIRTHPLACE (CMy or town) Maryland	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an aut	topsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT James a Jones Sunt. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mysterne Date 4 - Febry 192	Nature of injury	
19. UNDERTAKER Las a forces purpor	24. Was disease or Injury in any way related to occupation of deceased?	20
(Address) Federalls 112	If so, specify	
20. FILED 3- Tely, 1933 Amtured	(Signed) (Address) Produced Find	M. D.

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car all all	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		EUOL V BVM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

STATE OF MARYLAN	D—CERTIFICATE OF DEATH (11741
1. PLACE OF DEATH /	82-0
County Predetick	Registration Dist. No.
Village or City Montesue / 400	petarol St., Ward
Length of residence in city or town where deeth occurred 8-4-yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
21. 2000	
2. FULL NAME Waty fruiter	4 71
(a) Residence: No. Thedunch (Usual place of abode)	uly St., Md Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the mislow	
5a. If married, widowed, or divorced HUSBAND of Eli Miller	22. 1 HEREBY CERTIFY. That I ettended decessed from
DATE OF BIRTH (month, day, end year) March 1-18	1 lest sew hat alive on Fet 25 , 1933; deeth is seid
7. AGE &4 Years // Months 26 Deys If LESS	then to have occurred on the dete steted above, et 12, 152 m.
1 dey, or	in the range of follows
8 Trede profession or perticular	Date of one et
SAWYER, BOOKKEEPER, etc. Tousewif	2
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupation (mouth end.	Finishlegra Dec. 2-
10. Date decessed lest worked et   11. Total lime (yeers)	
this occupation (month end, 2-1932 spent in this occupation be	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State er country)	- arters- 3 alerous 1930
13. NAME JENRHOURE	
14. BIRTHPLACE (city or town) unforcours	Name of operation Date of
(Stete or country)	What test confirmed diegnosis?
15. MAIDEN NAME / Atherine Renne 16. BIRTHPLACE (city or town) - Maryland (State or country)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur?
17. INFORMANT James a Jones July	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place locky that Dete The 28.	Neture of injury
19. UNDERTAKER The Theagy to	24. Was diseese or Injury in any wey related to occupetion of deceased? Lo
20, FILED 27 - Fely 1933 American	(Signed) 30 Horna M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 01742
1. PL	ACE OF DEATH	· L	12/-
Co	unty o'rese	uck of	Registration Dist. No. / 2/ -
Vil	lage or City 5' re	firek " " O Il	Tho. I specified St., Wa (If death occurred is a horpital or institution, give its NAME instead of street and number)
Lei	ngth of residence in city or town w		
2. FU	LL NAME	harles moch	
	Residence: No. 200	odeboro ma	St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
3. SEX		ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AAA	4. COLOR OR RACE	OR DIVORCED (write the word)	21. DATE OF DEATH 1 strurary 28 193 3
Se. If mari	ied, widowed, or divorced	- (Kistower)	(Month) (Day) (Year)
HUSE	IAND of Property Of	$\mathcal{D}(\mathcal{A})$	22. HEREBY CERTIFY That I ettended deceased for
	DESSILY	2: 1000	1 1 1 19 35 1 to 3 W 8 19 3
	F BIRTH (month, day, and year)	Nov 2 mg 18/1	7 I last saw h m elive on J' W. 28 1935; death is s
7. AGE	Years Month	1 day h	to heve occurred on the date stated above, at \$\mathcal{A}_m\$.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 8 Tu	ade, profession, or particular	28 ormin.	were as follows:
O V	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	· James	theute appendicitist.
CCUPATION	dustry or business in which work was done, es SILK MILL,		21-7-
0 10 0	SAW MILL, BANK, etcte deceased last worked at	11. Total time (years)	
0 0	this occupation (month and year)	spent in this	
	141	1	Other Contributory Causes of Importance:
	PLACE (city or town) (P) tate or country)	M.,	General Perilonia
13. N	AME William	Moser	
14. BI	RTHPLACE (city or town)	md	Name of operation Upplenderby Date of July 3
	(State or country)	#	What test confirmed diagnosis?   puration was there an aulopsy?
15. M	AIDEN NAME Olizabe	the Vance	23. If death wes due to external causes (WOL ENCE) fill in also the following:
16. BI	RTHPLACE (city or town)	mel	Accident, suicide, or homlolde? Date of injury
	(State or country)		Where did Injury occur? (Specify city or town, county and State)
17. INFOR	MANT LAG GOVEN ddress) Logar	ner 141 A	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	L, CREMATION, OR REMOVAL	e gray	Manner of Injury
Pla	co Middleburg	Md Date Mac 3rd, 193:	
19. UNDEI	TAKED POLICE DO	+ allowel	24. Was disease or injury in any way related to occupation of deceased?
	ddress)	uty marylan	It so, specify The In Amit
2D. FILED	1-march 1933 8	mc mclude	(Signed)
LO. TIELD	10-0-1-0	Registrat.	(Address) A DA SINEAR MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Man? 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonítis	3 days ago
BUREAU V.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year
			1,

AGE should be stated EXACTLY.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE C	)F	MARYL	AND-	CERTIF	CATE	OF	DEATH
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10	2	2-6.4	9	0)
0	1	1	4	5

1. PLACE OF DEATH	82-0
County Szedenick	Registration Dist. No. 145
Village or Rigers Physical Le	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred by yrs. 8 mos.	deall occurred the a normal of institutions, give its tyckive instead of street and number)  172_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Climer G. Talmer	/
(a) Residence: No	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDWORCED (write the word) ORDWORCED (write the word)	21. DATE OF DEATH  Tel. 7  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Larah J. Palmer	22. 1 HEREBY CERTIFY, That I attended deceased from  12. 1933 to Feb. 7 1938
6. DATE OF BIRTH (month, day, and year) May 25 1865	I last saw h Lun alive on Feb 2 , 1933; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11,35
67 8 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	β
SAWYER, BOOKKEEPER, etc	Cerebral Nemortage Jel 2
work was done, as SILK MILL, Own small farms	1933
10, Date deceased last worked at 11. Total time (years)	
this occupation (month and 1932 spent in this 40	
12. BIRTHPLACE (city or town) Por restrotto Myeroville.	Other Contributory Causes of Importance:
(State or country)	
13. NAME Shormas, Galmer	
14. BIRTHPLACE (city or town) Booms of Myraville)	Name of operation Date of
(State or country) md.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Moser	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bornes Por Myraville)	Accident, suicide, or homicide? Date of injury19
E (State or country)	Where did Injury occur?
17. INFORMANT Mrs. Sarah & Talones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Myersville ( )	Manner of injury
Place U. B. Cemelery Data Febr, 1900	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
The same our file	(Signed) Server Herf M. D.
Registrar.	(Addrass) Middle form my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4 MAD 2 1988	, ju		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH (1)
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1. PLACE OF DEATH	(20)
county oredereck	Registration Dist. No. / 5
Village or City AKYLARD TUSERCULOSES SANATON	No. St Ward
Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles L. R.	A C C
(a) Residence: No. 5 Oak	and the desired the desired to the d
(Usual place of abode)	St., Ward. UMWEWCMA. MA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH
vhale while single	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
(4)	Jel-1, 1932, 10 Feb 7, 1933
6. DATE OF BIRTH (month, day, end year) Will 25, 1908	I last sew h Lonalive on Del 6 , 1933; deeth is said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, at 7: 30.4 m.
24 / / / ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Callagara Andrew
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (control and	DAMANDICALLY WALLESSES
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and au 1122) spant in this year)	
P	Other Contributory Causes of importanco:
12. BIRTHPLACE (city or town) (State or country)	The formation of
13. NAME Catherine Thomas	1 worthow Languages
14. BIRTHPLACE (city or town) Walls	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Catherine Thomas	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Thomas  16. BIRTHPLACE (city or town) - Walls	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) 5 ) Dale It Campbe and Mid	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manage of Julium
Place Cumberland My Date unknown	Manner of injury  Neture of injury
19. UNDERTAKER ML. Cressalr.	24. Was disease or Injury in any way related & occupation of deceased? No
(Address) Thurmout ma	If so, specify A + + +
20. FILED 22 19	(Signed) Alward S. Shaffer M. p.
Registrar.	(Address) State Sanatormi Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0174	15
1. PLACE OF DEATH .	<u> </u>	
County Frederick	Registration Dist. No. 134	
Village or City Cumulahung	No.	Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)	de
2. FULL NAME O. L. Trueza sith L	Looked Randalph	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	****
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LL. (Day) (Yea	}
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifford Hogshead	22. I HEREBY CERTIEY, That I attended deceased	
6. DATE OF BIRTH (month, day, end year) Fell 28-1857	Viast saw han alive on Feb, 1933; death i	ls said
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, atm.	
75 // 3, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	longat
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Jaruser	- O	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	July mingel fair	けるう
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased lest worked at this occupation (month and 4/1/28 spent in this occupation 50		
12. BIRTHPLACE (city or town) Muddle brook	Other Contributory Causes of importences	2-/
(State or country) Virginia	195	23
14. BIRTHPLACE (city or town) Tuiselebrook	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an autopsy?_	
15. MAIDEN NAME Wargaret Hogsled  16. BIRTHPLACE (city or town) Wieslebrook  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT ULLS Chiffeel Hogslead (Address)	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL Place Levelville La. Date Tely 3, 19 53	Manner of injury	
19. UNDERTAKER U. J. Shuffity und	24. Wes disease or Injury In any way related to occupation of deceased?	
20. FILED. Feb 12, 19.33 111.79 Shaff Registrar.	(Signed) Delay Sulley	.M. D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 9 1933			
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	I. PLACE OF DEATH	920 . 12/2
	County brederick, Co	Registration Dist. No. 3/3
	Village or City New Charleswills	No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	
2	2. FULL NAME George William It	hoderick
	(a) Residence: No. Sem days Lune Kiling	St., Ward.
Alexander of the same	(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	Nernole White 5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yea  (Yea
5a.	HUSBAND of (or) WIFE of Many Catherine Brown	22. I HEREBY CERTIFY That I attended deceased
6.	OATE OF BIRTH (month, day, and year) 1-28-1859	t tast saw h alive on Telle 23 , 19 33 death 1
	AGE Years Months Days If LESS than 1 dey. hrs.	to have occurred on the date stated above, at
	/ 7   A 6   or min.	The PRINCIPAL CAUSE OF DEATH and reland courses of apportance were as follows.  Dajo of
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Juny Jaliny 5
PAT	Industry or business in which work wes done, as STLK MILL,	long disense
OCCU	SAW MILL, BANK, etc	West !
0	10. Date deceased last worked at 2-22/9 -11. Total time (years) this occupation (month end year) occupation	70.00
12.	BIRTHPLACE (city or town) Theolerich Co	Other Contributory Causes of importance
	(State or country)	1000
HER	13. NAME John Choclerich	heart
FAT	14. BIRTHPLACE (city or town) Presteries Co (State or country)	Neme of operation
E S	15. MAIDEN NAME anna Catherine Shonseller	What test confirmed diegnosis?
MOTHE	16. BIRTHPLACE (city or town) Breslevich Co	Accident, suicide, or homicide?
Σ	(State or country) Mid,	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Charles Choolerick	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	(Address) 2 4 St trusterios Mills	Manner of injury
	Place Frolerics My Oate 2/25 , 1933	Nature of injury
19.	UNDERTAKER Harry E. Carly (Address) Thechewat Mind	24. Was disease or injury to any way rejeted to occupation of deceased?
20,	FILED 23- Fely 1933 Dood meauly	(Signed)(Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arterioselerosis MAR 4 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUP, RAU V. B.	July 5,1927	Peritonitis	3 days ago	
La contraction				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TATE	PERMA
FOT	IS Y
TEL A VIETCE	INK-THIS
STANGIN NESERVED FOR BIND	WIT UNFADING INK-THIS IS A PERMA

infor- state UPA-		CERTIFICATE OF DEATH 01747
	1. PLACE OF DEATH	(3)
should of OCC	County Fredeick	Registration Dist. No. / 2/=
shot of O	Village or City Jefferson	No. St., Ward
70	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foraign birth?mosds.
ID. Every FSICIANS statement	2. FULL NAME Olin Warren Rice	
SIG.	(a) Residence: No. Jefferson	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECORD. PHYSI Exact state	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L Y.	Nale white OR DIVORCED (write the word) Married	(Month) (Oay) (Year)
BINDING FERMANE: EXACT F classified te.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Emma. A. Rice	22. I HEREBY CERTIFY. That I attended deccasad from
MA A ass	(or) WIFE of Emma A. Rice	Fel 21 1933, to Fel 27 1933
BINI PERM. EXA Ily class	6. DATE OF BIRTH (month, day, and year) June 9, 1851	Hast saw ham alive on Fel 27 ,19 33; death is said
T T E	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2 - A-m.
FOR IS A stated prope	81 7 18 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 10	Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.	Myrcard farlene Fel 21
TED THIS d be y be k of	SAWYER, BOOKKEEPER, etc.	Timesley of arteroxaleure
NK—T should it may n back	kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Plasterer SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	I whomany ederace
INK INK I sh t it		
	this occupation (month and Aug. 25 spent in this occupation 50	Ohn Contact Contact Contact
24 - 5	12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
AD AD sd. s, s	(State or country)	Chine Matheatic
MARGIN UNFADI supplied. n terms, so	13. NAME George B. Rice	
MA Sulphin to	14. BIRTHPLACE (city or town) Maryland	Name of operation
riy .	(State of county)	What test confirmed diagnosis? Cleaned Was there an autopsy?
K.Y. W. T. H. in portant.	15. MAIOEN NAME Catherine Ann House.  16. BIRTHPLACE (city or town) Maryland	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
ort H	16. BIRTHPLACE (city or town) (Stata or country)	Accident, sulcide, or homicide? Date of injury
- Essi	n o D	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
李雪台 N	17.INFORMANT E. S. Rice.  (Address) Frederick. Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
F 77 59 50	Placa Jefferson M. E. Cem. Date March 1, 19 33	Natura of injury
-WRIT mation CAUSI TION	19. UNDERTAKER M. R. Etchison & Son.	24. Was diseasa or injury In any way related to occupation of daceased? 76
0	(Address) Frederick, Md.	if so, specify
N. S. N.	20. FILED 26-Felry, 193 3 Dora meeuly	(Signed) a failed to me M. D.  (Address) Session MA
(T)		2411 N. Charles Street, Baltimore, Regulesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF	MARYLAND-C	CERTIFICATE	OF DEATH

0 FILL .	esidence in city or town where			ds. How long in U.S. if of foreign birth?yrsmos	s ds
	ence: No. 259 W. F			St., Ward.  If nonresident give city or town and S	State
PERSC	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX female	4. COLOR OR RACE White	S. SINGLE, MAR OR DIVORCE Wildow	RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH  Pebruary 16,  (Month)  (Day)	193 <sup>3</sup> (Year)
5a. If married, wid HUSBAND of (or) WIFE of		haffer		22. I HEREBY CERTIFY, That I attended d	
	H (month, day, and year) Years Months	Oct. 15, Days	1852  If LESS than 1 day, hrs. or min,	I last saw h	
9. Industry of work work 1D. Date dace this of year)  12. BIRTHPLACE (State or c		2 11. Total t spa ocea nel-	ime (yeers) ntin this 55 upation	Other Contributory Causes of Importance:  Our	2-11- 6 gu
14. BIRTHPLA	Conrad Schultz ACE (city or town) Ger:			Name of operation Date of Date of What test confirmed diagnosis? Was there an au	
17. INFORMANT (Address) 18. BURIAL, CREM	NAME UNKNOWN  ACE (city or town) Unior country)  Miss. Mary J.  Prederick, Ma  MATION, OR REMOVAL  Olivet Com.Fre	Shaffer •	12, ,19.33	23. If death was due to external causas (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?	) CE.
19. UNDERTAKER (Address)	L. R. Lichis	on & Son.		24. Was disees or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) 9 E 2 ut Trublings	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*,	

		100			
		18 1		7	4
			72		1.1

of certificate.

See instructions on back

TION is very important.

CAUSE OF mation sh B.-WRITE

of OCCUPA.

1. PLACE OF DEATH		(82:2)		
County Frederick	**************************************		Registration Dist. No. / 3	5
Village or City Frederick		No.		Ward
Length of residence in city or town whore death occu	20		ution, give its NAME instead of street and of foreign birth?yrs	
2. FULL NAME William Frankli	n Shaver			
(a) Residence: No. 10 College Av	e • uniplace of abode)	St., Ward.	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	
OR D	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH	Fiels 14 (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Koontz		22. Feb; HEREB	Y CERTIFY. That I attanda	
6. DATE OF BIRTH (month, day, and year) June 1	9, 1861	I last saw h alive on	7al 14 ,193	; death is said
7. AGE Years Months 25	lays If LESS than 1 day, hrs.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA' were as follows:	ad above, at b P m.  TH and related causes of importance	
8. Trada, profassion, or particular kind of work dona, as SPINNER, Sales SAWYER, BOOKKEEPER, etc.				Oate of onset
kind of work dona, as SPINNER, SALOSM SAWYER, BOOKKEEPER, etc Salosm Salo		Herriphley (Ref.	r Sida)	Jely 14-
Oato daceased last worked at 2/83 this occupation (month and 2/83	l. Total tima (yaars) spent In this 5 occupation			
12. BIRTHPLACE (city or town) Shenandosh (State or country)		Other Coutributory Causes of Imp	ortanca:	
13. NAME Andrew Shaver				
13. NAME Andrew Shaver 14. BIRTHPLACE (city or town) She nandoal (Stata or country) Va.	<u> </u>		Date of	
			uses (VIOLENCE) fill in also tha follow	
16. BIRTHPLACE (city or town) UNKNOWN (Stata or country)			Date of injury	, 19
irs. F. Shaver. 17. INFORMANT Frederick, Id. (Address)		Specify whather injury occurred in	(Specify city or town, county and S in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shenadoah, Va. Oate	Feb. 17, 19 33	Manner of Injury		
19. UNDERTAKER M. R. Etchison & Go (Addrass) Frederick, Md.	on	24. Was disease or injury in any v	way related to occupation of deceasad?	m.
20. FILEO 15- Filey , 1983 0000 /	mcCincly.	(Signed) (Address)	Trolerand In	M. D.
/ If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, R.	equesting U. S. No. 1.	

V. S. No. 1

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Corebral hemorrhage	July 5,1927	Peritonitis	S days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County frederick	Registration Dist. No.
Village or City Near Proodstyre	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Light Times	
2. FULL NAME Office Mikaisai	a Smith
(a) Residence: No. Near hoodstor	St. Ward.
(Usual place of abode)	If unnresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
tamale The married	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	22. A ! HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Feb. 14 ,1933, to Feb. 23 ,1933
DATE OF BIRTH (month/day, and year) plec, 19-1874	I last saw har alive on Reb! 23 ,19.33; death Is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$20 Pm.
38 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Profits 1 2-10-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Presistonia Brushed 2-13-
work was done, as SILK MILL, Can have	
kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) spant in this year)	
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) hear books	Complicated wills
(State or country)	Chronic Brights-
13. NAME John & Grabille	
14. BIRTHPLACE (city or town) hum de franches	Name of operation Date of
(grate of country)	What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME Mary Curanget	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT Smylth	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)  8. BURIAL CREMATION OR REMOVAL	Magaze of injury
Place Nordalora Date Fel 26,193	Manner of injury
PILE	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER (Address)	If so, specify
26,10 23 CR 1 VO -10	(Signed) 6 'O', Stulls M. D
20. FILES	(Address) elloadsbard on Inda
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

PHYSICIANS Exact statement

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

JRD. Every item of infor-

county Frederick	Registration Dist. No. 138
Village or City hr. New Market	No. St., W (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare daath occurredyrs	nosds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Chin Matilda Si	vitte.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3_SEX	MEDICAL CERTIFICATE OF DEATH
Female W. OR DIVORCED (write the word)	
a. It mercial, widowed, as divorced HUSBAND of Och Plery Q. Smith.	22. JI HEREBY CERTIFY. That i attended daceased 1 July 2/ 1932 to Feb /3 193
5. DATE OF BIRTH (month, day, and year) Feb. 6 - 1853	i last saw her alive on Feb 1/ 1933; death is
7. AGE Yaars Months Days If LESS than	2 0
80 0 7 1 day,h	THE PRINCIPAL CAUSE OF DEATH and Tenated Causes of Importance
8 Trada profession or particular	Urteria schronic Date of or 192
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaasad iast workad at this occuration (month and	
10. Date decaasad last workad at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Mary land, (State or country)	Othar Coutributory Causes of importance:
13. NAME Davial Glasey	
13. NAME David Yeasey  14. BIRTHPLACE (city or town) - What and I	Name of operation Date of What tast confirmed diagnosis? None Was there an autopsy?
5 15. MAIDEN NAME Elizabeth Bowers	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Rowers  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Waryland,	Whare did injury occur?
17. INFORMANT Dery Q. Smith Wd.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Frequence	Mannar of injury
Motoret Clinet Committee 3= 16-,193	Nature of Injury
19. UNDERTAKER Wite Halconer (Address) New Market Md.	24. Was disease or injury In any way raiated to occupation of deceased? 'No
TALL 22 F ' NY D	(Signad) Ernet P. Roup
20. FILED TRB 14, 1923 Aucan A. Talon ul. Registrar.	(Address) New Market, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Ett.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

ARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephribis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:	ar to	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF BEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH				
1. PLACE OF DEATH	90				
County Mrederick	Registration Dist. No. 144				
Village or City Aintrion near the	No. St. Ward				
(If Length of residence in city or town where death occurred Drs	death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME Saac Stam to	ugh				
(a) Residence: Np. (Usual place of abode)	St, Ward.  If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH FLOR 10 199 3				
5e. If married, widowed, or diversed	(Month) (Day) (Year)				
5e. If married, widowed, or diversed  HUSBAND of  (or) WIFE of  Why Hasting	22. I HEREBY CERTIFY. That I attended decessed from  DLC 20 1933 to FILM 10 th 1933				
6. DATE OF BIRTH (month, dey, end year) Fel- 16-18/5-5-	I last saw have alive on 1742-10 ,1933; deeth is seld				
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, at 12 322mm.				
77 // 34 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:				
_   8 Trade profession or perticular	Server of fings and Date of onset				
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	of tol on thingle book needs				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILK SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end	The Case				
10. Date deceased lest worked at this occupation (month and legh) 13 spant in this 4 or year)					
1011	Dther Contributory Causes of importance:				
12. BIRTHPLACE (city or town) (State or country)					
13. NAME Samuel & Stambours					
13. NAME Samuel & Slambary 14. BIRTHPLACE (city or town) Aletan	Name of operation Date of				
(State of country)	What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAMELINA & Denelume  16. BIRTHPLACE (city or town) Millerstone  (State or country)	23. If deeth was due to external ceuses (VIDL ENCE) fill In also the following:				
5 16. BIRTHPLACE (city or town) dullerstou	Accident, suicide, or homicide? Date of injury 19				
E (State or country)	Where did injury occur?				
17. INFORMANT Magania Standards	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION OR REMOVAL	Manner of injury				
Place Tacky Tudge Date thy 4,1933 Neture of injury					
19. UNDERTAKED A STATE OF A STATE	24. Was disease or injury in any way related to occupation of deceased?				
The state of the s	If so, specify A				
20. FILED JAV. 11, 1933 Tampe M. Jones. Registrar.	(Signed) M. D. (Address) Strachham M. D.				
Acgistar,	and the state of t				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
13,23 12, 21, 21				
	_3			
Other contributory causes of importance:	100000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1	N. BWRITE PLMNLY, V	mation should be caref	CAUSE OF DEATH in	THOME
2	ż	1	T	-
>	-	1	1	1

f ...

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Fredh	Visit Begistrolen Dist N. 131
To a place of main the C	orporate 2 charge Constant
Village or City Cealury	No. St., Wif death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 60 yrs.	
2. FULL NAME Senter Many Ris	es tehenson
(a) Residence: No. 200 E Selected	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Mord)	21. DATE OF DEATH  (Month) (Day)  (Year
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased
214-0.1.15-62	I last saw h 2 alive on 2 sky 9 and 19 33 death is
6. DATE OF BIRTH (month, day, and year) 2 1 2 2 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at £ 3014 m.
80 / 1 G I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
7 101	were as follows: Date of
8. Trede, profession, or particular kind of work done, es SPINNER, Releasons	secully 34
SAWYER, BDDKKEEPER, etc.	7796
work was done, as SILK MILL,. SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
year) spant in this 40	
12. BIRTHPLACE (city or town) ashlon - under - Lyne	Other Contributory Causes of importance:
(State or country) Employed	accidental Fall were annuh
13. NAME Warbling Steinberger	271933
14. BIRTHPLACE (city or town)	Name of operation
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sally Broadbent	23. If death was due to external causes (VIOL ENCE) fill In also the Iollowing;
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)   Saddleworth   (State or country)   England	Where did injury occur?
0 10 - 4 - 0 4 -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 200 E. 2 Traderick Maryland	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Connect Camelery Date Feb. 11 , 1923	Nature of Injury
19. UNDERTAKER Harry 2 Carly	24. Was disease or Injury, In eny way related to or whatigath deceased?
20. FILED 18-Felry, 19 & 8 Pra meemst.	(Signed) (Signed) (Signed)
/ Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ON A DATE OF THE PROPERTY OF T				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

V.	-0	24	po	100
U	1	1	1	1
0		-	40	4 /

1. PLACE OF DEATH			91-2			
County Frederick			Registration Dist. No. 130			
Village or City Point of 1			NoSt., if death occurred in a hospitator institution, give its NAME instead of street and isds. How long in U.S. if of foreign birth?yrsm			
2. FULL NAME Henry Edw						
(a) Residence: No.	(Usual place		St., Ward.  If nonresident give city or town and	State		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	State		
male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) married		21. DATE OF DEATH	, 193 3 (Year)			
5a. If marriad, widowed, or divorced HUSBAND of (or) Wife of Estelle E	. Larman		22. I HEREBY CERTIFY. That I attended decaased from			
6. DATE OF BIRTH (month, day, and year) No.	1	57	I last saw h alive on, 19	; death is said		
7. AGE Years Months	Days 5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:	Date of onset		
10. Data deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Frederick Stur	U. S. Maj II. Totel ti spen occu	1	Other Coutributory Causes of importance:	mid		
I4. BIRTHPLACE (city or town) Germany (Stata or country)			Name of operation Date of What test confirmed diagnosis? Was there an a			
I5. MAIDEN NAME Maria Haugh  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT Mrs. H. E. St (Address) Point of Ro  18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls Pt. Rocks	unkle.	oh 2, ,19 33	23, If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
19. UNDERTAKER M. R. Etchison (Address) Frederick, Mc 20. FILED Foly 28, 1935	. [ ]	rutsin Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Α	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 01756
1. PLACE OF DEATH	1 (68)
County Frederich	Registration Dist. No. 13/-
Village or City Frederich	No. St., Ward
	death occurred in a hospitalnr institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Orville & P Dummers	
(a) Residence: No. 17 Jefferson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Jele, 27 193 37 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
PATE OF RIDAL COURT IN THE 10 AC	1 last saw harma alive on 7 1, 19 33 death is sald
6. DATE OF BIRTH (month, day, and year) Nov-19 19 08 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at G
24 3 13 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Culinosa J. B
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at 11. Total time (years)	
1D. Date deceased last worked at this occupation (month and year) spent In this occupation	
12. BIRTHPLACE (city or town) Frederick,	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME William summers	
(State or country) mary land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I saa In Perry	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 7 reducies.  (Stete or country) many from d.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Gra Summers matter	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Yne a Mo	
Place Mrt Clevet comety Date Tel 24, 1933	Nature of injury
19. UNDERTAKER & Y /1 Gladhill  (Address) Mid dle Garm and	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 22 Febry, 1983 Dra McCerry Registrat	(Signed) And Andrew M. O.  (Address) Andrew M. D.
Registrate	(vodiesz)

If mnre blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAD 4 1033	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
				1-3
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR 1	FURTHER	STATEMENTS	BY	PHYSICIAN

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1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	757
County Trederice	Commencer Commencer	Registration Dist. No. 13/	
Village or City Truder	1.4	No. 3 St., St., death occurred in a horpital or institution, give its NAME instead of street and no	
Length of residence in city or town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs. mos	ds
(a) Residence: No. 3	- 7th	St., Ward.	
PERSONAL AND STATIST	(U/usi place of abode)	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	Mate
3. SEX Male 4. COLOB OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH	193 3 (Year)
5a. If married, widowed, or dixpreed HUSBANO of (or) WIFE of Color	Cay Januman	22. I HEREBY CERTIFY. That I attended do December 1st, 19 32 to February 8	eceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   ff LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 5 a m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Pulmonary hemorrhage	Dete élenséi
SAW MILL, BANK, etc	2. R. C.  11. Total time (years) spent in this socrupation		
12. BIRTHPLACE (city or town) (Stata or country)	il Co.	Other Coutributory Causes of Importance: Lung abscess due to injury in summer of 1932.	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	cil 6. md	Name of operation Oate of What test confirmed diagnosis? Was there an au	tanew?
15. MATOEN NAME & Are  16. BIRTHPLACE (city or town).  (Stata or country)	nach il Co.	23. Il daath was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accidentate of injury Summ  Where did injury occur? Harmony Grove, Md.	
17. INFORMANT Murs. Harr (Address) True	with hed.	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Industry-Railroad.	DE.
18. BURIAL, PREMATION, OR REMOVAL Place MI-Olivy I Fus	16 Date 766. 11, 19.3.	Manner of Injury Train wreck.  Natura of Injury Blow on chest, followed	by a
19. UNOERTAKER 6-CIGOR (Address)	nex med.	If so, spacify Injure Ingato & train	Yes wrec
20. FILEO 7 0 7 0 1933 U	Registre.	(Signed) Frederick, Maryland	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSKATTYR			1 1 .
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11758
1. PLACE OF DEATH	
County Theolerick	Registration Dist. No. /2/=
Village or City Frederick	No francis Reoll Key Hole St., Ward
Length of residence in city or town where death occurred 50 yrs	death occurred in a horpital or institution, give its AME instead of street and number)  ds. How long in U. S. if of foreign birth?
()	
(a) Residence: No. 105 East Patrick 21	St., Ward.
(a) Residence: No. 105 Cast Outuch al (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BOWORCED (wate tha word)  Male  Mile  S. SINGLE, MARRIED, WIDOWED, OR BOWORCED (wate tha word)	21. DATE OF DEATH  John (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That Lettended deceased from
6. DATE OF BIRTH (month, day, and year) /- 7- 1877	I last saw h im alive on Fel. 14 ,19 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
36 / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Insurence against	Chronic myseardites 1 yr. ago
kind of work done, es SPINNER SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as StLK MILL, SAW MILL, BANK, etc.  10 Dato deceased last worked at this occupation (month and	
Dato deceased last worked at this occupation (month and year)  11. Totel time (years)  12. 23.	Other Contributory Cages of importance:
12. BIRTHPLACE (city or town) Kucleuch County (State or country)	Chronic alsoholism 30 yrs g
13. NAME Francis Granville Thomas	
13. NAME prancis branville chomas  H 14. BIRTHPLACE (city or town). Prederick County	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there are autopsy? Was the was
15. MAIDEN NAME Catherine Dany on 16. BIRTHPLACE (city or town) Freslerich Colonty	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Trestances Colomby (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT arthur Defrachmult	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) freeling Mrg  18. BURIAL, CREMATION, OR REMOVAL Mr Coling -	Manner of injury
Place Frederick my Date Lety 18, 1933	Manner or injury  Nature of Injury
19. UNDERTAKER Lang & Carly Grederick md	24. Was disease or Injury in any way related to occupation of deceased?
2D. FILED / 7- Felry, 1933 dra ! huchusly:	(Signed) The Cline M. D.
Registrar.	(Address) Check Relimore Requesting T. S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

EXACTLY.

stated

AGE should be

mation should be carefully supplied.

CAUSE OF DE

20. FILED JUN

(Address)

B.—WRITE PLAINLY.

n plain terms, so that it may be

properly classified.

of OCCUPA.

Exact statement

V. S. No. 1

	STATE OF MARYLAND—CERTIFICATE OF DEATH 01759				
1	1. PLACE OF DEATH				
1	county trederick-	Registration Dist. No. 137			
	Village or City Mf. Olios = P. F. D. New	Messelas St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.			
	2. FULL NAME Many Lames Thos	mas.			
	(a) Residence: No.	St., Ward.			
	(Usuai place of abode)	If nonresident give city or town and State			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYORCED (write the word)  58. If merried, widowed, or divorced	21. DATE OF DEATH  (Month)  (Bey)  (Year)			
	(Or) WIFE of Late Seo, H. Thomas.	22. I HEREBY CERVIFY, That I ettended decessed from			
te.	6. DATE OF BIRTH (month, dey, and yeer) / 860 - 7 - 19	I last sew h_lor_alive on 3.10 6 1933; deeth is said			
fica	7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, et 10/10 Qim.			
certificate.	77 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:			
of ce	8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Gata of Onest			
	SAWYER, BOOKKEEPER, etc.	- Continue and Continue			
back	work was done, as SILK MILL, SAW MILL, BANK, etc	Vieniflegia 1928			
no	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, , , , , , , , , , , , , , , , , , ,			
instructions	12. BIRTHPLACE (city or town) frederick leo,	Other Coatributory Causes of Importance:			
stru	(Stete or country) Mayland,	Usule Parker Octatation 346-1933			
See in	14. BIRTHPLACE (city or town) frederica les, (Stete or country) manyland	Neme of operation			
ant.	15. MAIOEN NAME Jane Fraher,	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:			
	16. BIRTHPLACE (city or (own) frederich las	Accident, suicide, or homicide? Dete of injury, 19			
Por	E (State or country) Many Cared,	Where did injury occur?			
is very im	17. INFORMANT John J. Hey = (Address) (7. F. J. Union Bridge, he)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
. ve	18. BURIAL, CREMATION, OBSREMOVAL	Manner of injury			
	Plece less la hapel la sul pare f chy =10=1933.	Neture of injury			
LION	19. UNDERTAKER 6. M. Malls.	24. Wes disease or injury in any wey related to occupation of deceased?			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

	infor-
	Jo
M	item
	Every
3	RECORD.
BINDING	N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
C.K.	A
<u>-</u>	IS
SKVED	K-THIS
2	Z
MARGIN RESERVED FOR BINDING	NFADING
	WITH
	PLAINLY,
1 .	BWRITE
2	z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01760
1. PLACE OF DEATH	23)
Village or City ARYLAND TUBERCULOSIS SANATOR	Registration Dist. No. 13 9
	death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Cambridge. Do	reshest was co. md.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write theyword)  Washield.	21. DATE OF DEATH Feb. 20, 198 3
5a. If merriad, widowed, or divorced HUSBAND of (ox) WIFE of Daisy M. Thomas	22.   I HEREBY CERTIFY That   attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 23. 1881	I last saw ham elive on ctel 20, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 3. 7m.
2 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10- Date deceased last worked at this occupation (month and 2).	Bulmonary whereulosis
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and May 193 2 spant in this occupation was compared to the spant in the sp	
12. BIRTHPLACE (city or town) Mary and (State or country)	Other Contributory Canses of importance:
13. NAME Samuel Thomas 14. BIRTHPLACE (city or town) Maryland.	
(State of country)	Name of operation.  What test confirmed diagnosis? CAUT X1ay Y Row Was there an au opsy? No
15. MAIDEN NAME Mary Vickers	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Tickers  16. BIRTHPLACE (city or town) Mary Land  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Thomas W. Thomas (Address) Cambridge Md.	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md inhumon	Manner of injury
19. UNDERTAKER M. J. Colfager, (Address) Thurmont M. Ma.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 430/5319 Registrar.	(Signed) Slewart . Moffer M. D.  (Address) Sate Sanatorum M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
DIE A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

FION is very important.

Placedulkern

19. UNDERTAKER

(Address)

mation should be carefully supplied.

See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11761
County trederick	Registration Dist. No. / 32
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite 5. Single, Married, Willowed, OR Divorce (write the word)	21. DATE OF DEATH Jel 13 (Year)
if the farried, widowed, or divorced HUSBAND of (or) WIFE of Add Add Add Add Add Add Add Add Add Ad	22. IMEREBY CERTIFY, Thet I ettended decessed from    180   10   3   193     lest saw here alive on   193   death is said to heve occurred on the dete steted above, at 50 m.    The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:    Date of onset   Date of onset
14. BIRTHPLACE (city or town) Myersirlly (State or country)  15. MAIOEN NAME Mary C. Schingfer	Neme of operation Dete of What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BIRTHPLACE (city or town) (Stete or country)  19. Market Stephen Stephe	Accident, suicide, or homicide?

Menner of Injury

Nature of injury

V. S. No. 1 If so, specify (Signed). ż Registrar.

(Address)

If more Janks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis that Cong	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT	hould be carefully supplied. AGE should be stated EXACTLY	OF DEATH in plain terms, so that it may be properly classified.
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PHYSICIANS should state

of OCCUPA.

Exact statement

of certificate.

See instructions on back

very important.

TION is CAUSE

mation should be car B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		
County Frederick	Registration Dist. No. 3	
Village or City Frederick	ND. argland I. O. C. F. Home St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds.	
	Tron long in O. S. H. V. Longin Divini	
2. FULL NAME John Jealey Tegner		
(a) Residence: Np. (Usual place of abode)	St.,Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	21. DATE OF DEATH	
OR DIVORCED (write the word)	Thompsuary 2rd 193 7 (Year)	
5a. If marriad, widowed, or divorcad	(Month) (Year)	
HUSBAND of Mary B. Garrish	22. M! HEREBY CERTIFY, That I attended deceased from	
	11 Cay 15, 1932, to Jel. 2, 1933	
6. DATE OF BIRTH (month, day, and yeer) June 6, 1853	I last sew h_im alive on	
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 35. A m.	
79   7   26   ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, Laborer	Jan popular	
SAWYER, BDOKKEEPER, atc.	alrehal Jamonhapl may 1952	
work was done as SH K MIII		
10. Oata daceased last worked at 6/30   11. Total time (years)	Merro derma	
this occupation (month and spant in this occupation spant in the spant in this occupation spant in the spant in the spant in the spant in this occupation spant in the spa	·	
IZ. BIRTHPLACE (city or town) Maryland	Other Coatributory Causes of importance:	
(State or country)	Burn Cith shill and	
13. NAME J. G. Tagner	Rh. (stend check, asher hom No'M	
14. BIRTHPLACE (city or town) Vindfield	Name of operation a case ted clothering. Date of	
(State or country) laryland	What tast confirmed dragnosis? Was there an eutopsy? The	
I 15. MAIDEN NAME Margaret Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:	
indfield	Accidant, suicide, or homicide? Date of injury19	
16. BIRTHPLACE (city or town)  (State or country)  Maryland	Where did injury occur?	
Mrs. R. O. Baldwin.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT Clarendon, Va.	, , , , , , , , , , , , , , , , , , , ,	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
PlaceStone Chapel, Pikesvoale Feb. 4, 1933	Neture of injury	
19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md.	24. Was disease or injury in any way ralated to occupation of dacaased?  If so, specify	
20, FILED 3 - Jels., 19.33. Dr. Ina J. Mr. Curle Registrar.	(Signed) (Addrass) (Addrass) (Addrass) (Addrass)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PHERMA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	73:0
County trederick	Registration Dist. No. / 3.5
Village or City Wolfsville	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Posiah 1 Woman left	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (price the word)	21. DATE OF DEATH . 25 193 3. (Month) (Dey) (Yeer)
a. 11 married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIEY, That I attended decessed from
P/10 08 1911x	flast sew h an alive on Color 15 1935 death is sain
6. DATE OF BIRTH (month, day, and yeer) Sept 2 7. AGE Years Months Days If LESS than	f lest sew h 1993 ; death is said to have occurred on the date stated above, at 11:30 Pm.
83 4 27 1 dey,hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	
	Chronic Musicadelis 24
Sindustry or business in which work was done, as SILK MILL. argenter	- Vivoria ( ) Mayor and a second
ting occupation (month and / A MCA A) Spant in this / A Mc	
year) occupation / D	Dther Contributory Causes of importance:
2. BIRTHPLACE (city or town) // Cfarther (Stete or country)	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Lucan Ruely	What test confirmed diagnosis?
of province of the second of t	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16, BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Jacoby Masenfelts	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Malfaville followed Date Mall- 20,193	Neture of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? 100.
20. FILED Feb 29 , 1933 & L. Leatherman Registrar.	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I  The principal cause of death and related causes of importance were as follows:  Date of onset		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	West of the	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1993	July 5,1927	Peritonitis	3 days ago
THE PERSON NAMED IN COLUMN 1	Maria Committee			
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	1. PLACE OF DEATH	CERTIFICATE OF DEATH
	county Frederick	Registration Dist. No. / 3/ =
	Village or City Frederich	No. 32) 5t., V death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmos
	2. FULL NAME plorence & Ma	ters
	(a) Residence: No. 327 E 324 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Remale While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertic the word)	21. DATE OF DEATH  (Day)  (Year)
	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Marky & Bight	22. THEREBY GERTIFY That I attended deceased
- Control	6. DATE OF BIRTH (month, day, and year) 9-22-1857	l last saw be alive on the 15 , 1933; death le
	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 60.6.m.
	75 5 1 day, hrs. or	The PRINCIPAL COUSE OF DEATH end related causes of Importance were estallows:
-	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Church Myvardu (
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- In
	11. Total time (years) this occupation (month end year) year)	
-	12. BIRTHPLACE (city or town) Montgomy Co, (State or country)	Other Contributory Causes of Importance
	13. NAME Greenberry & Waters	Confine
		Name of operation
1	X 14. BIRTHPLACE (city or town) Mon Gomey My (State or country)	What test confirmed diegnosis? Was there an autopsy?
	15. MAIDEN NAME Margaret Jane Leather	23, If death wes due to external causes (VIOLENCE) fill In elso the following:
1	15. MAIDEN NAME Margaret Jane Seather  16. BIRTHPLACE (city or town) Montgomery Co  (State or country)	Accident, suicide, or homicide? Date of injury19
1	(State or country)	Where did injury occur?
-	17. INFORMANT Danjamine B Biehl (Address) 32 7 7 3 7 11 treateries mil	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
1	18. BURIAL, CREMATION, OR REMOVAL My Zionbuthen Centy	Manner of Injury
i	Place Freeling Co My Date 2 - 24 , 1933	Naturo of injury
	19. UNDERTAKER Harry & Carly (Address) Frederich Med	24. Was diseese or injury in any way related to occupation of deceased?  If so, specify
	20. FILED 23- Fely 1933 Org. & McCurdy	(Signed)
1	Registrar.	(Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
4-3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms; so that it may

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V. S. No. 1

	K	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
FOR	IS A	stated
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SELVI	NK-TJ	pluods
RE	ING I	AGE
MARGI	UNFAD	supplied.
A	TIM.	refully
	ILY,	ca
•	E PLAIN	should be
-	-WRIT	mation

1. PL/	ACE OF DEA	ATH	I WIAN	TEAND		OF DEATH	01765
	untyFrede					Registration Dist. No /	•
Vill	lage or CityF	rederick		0	No. Frederick C	ity Hospital St	., Ward
Len	igth of residence In	city or town where d	eath occurred		ds. How long in U.S. If of		
2. FUI	LL NAME	John Valte	er Veani	110			
		637 Park l			St., Ward.		
			(Usual place		1	If nonresident give city or tow	
3. SEX		OR OR RACE				ERTIFICATE OF DEAT	TH .
			OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	February 12,	193 3
Ma.l.		vorced	Marri	ed.		(Month) (Day)	(Year)
HUSB (or)	lad, widowed, or di AND of MIFE of	ta D. Kell	lon			CERTIFY, That I atte	
	4 byla			7.0		1933, 10 Feb 12	
	F BIRTH (month, d	icy; and your,	ne 2, 18		I last saw h. 110. aliva on 7		23; death is said
7. AGE	Years 60	Months 8	Days	If LESS than 1 day,hrs.	to have occurred on the date states The PRINCIPAL CALISE OF DEAT	d above, at A. a. s. Section m. H and related causes of Importance	
1 a T-			1 20	orinin.	were as follows:	sa and refered educes of imperation	Date of onset
8. 16	ade, profession, or kind of work done SAWYER, BOOKKI	e, as SPINNER,	Carpent	er	91		7-E.O2
S Inc	dustry or business	in which		****************	My o cardity	acuto -	Tag -
	work was done, as SAW MILL, BANK	, etc					
10. Da	this occupation (m yaar)	orked at 12/33	Sp:	time (years) 12 ent in this cupation	Othar Contributory Causes of Impo		
	PLACE (city or towi	n)Virgin	ia			- acute nylin	les
13. NA	AME John	0. Weani:	ng			<b>1</b>	
13. NA 14. BII	RTHPLACE (city or	town) Lovet	tsville,		Name of operation local	wtomen Date	of Feb 12-3
	(State or country)	Va.			What test confirmed diagnosis?	Was ther	e an autopsy? 250
15. M/	AIDEN NAME	liza Soud			23. If death was due to external cau	ses (VIOLENCE) fill In also tha fol	lowing:
15. M/	RTHPLACE (city or		tsville		Accident, suicida, or homicide?	Date of injury	, 19
Σ	(State or country		r Teanin	(P	Where dld injury occur?	(Specify city or town, county an	nd State)
17. INFORM		teriok; td		~ · · · · · · · · · · · · · · · · · · ·	Specify whather injury occurred In	INDUSTRY, In HOME, or In PUBL	IC PLACE.
18. BURIAL	L, CREMATION, OR	REMOVAL			Manner of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~
Pla	ce Jeffers	ion Reform	ecoateers	Feb-14933.	- Natura of injury		
19. UNDER	TAKER M. R.	Etchison	& Son		24. Was disease or injury In any wa	ay related to occupation of deceasa	d? 200
	ddress) Trade		-1-/	2 1	If so, specify	of the same of the	
20. FILED	3-Jely	1933 80m	W/m	clul	(Signed)	Juonas	M. D.
	1		1	Registrar.	(Address) And		
	V //	If more	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Rec	questing U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 4 1033			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

OCCUPA.

Jo

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01766
1. PLACE OF DEATH	(97)
County Frederick	Registration Dist. No. 31
Village or City Frederick	No Monaderrie & plasselast Ward
(If	death occurred in a hospital or institution, give its NAME inflead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?
(a) Residence: No. 158 m. Said (Usual place of abode)	* St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. Colored or didowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Marchen Name	(Tall)
(or) WIFE of Maltia Wedge Mukuaun	22.   HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Unknown	I last saw h. alive on 2 - 1, 19 4 death is sald
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date steted above, at 5 1 m.
90 .   1 dey,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	arterio Scleros: 10
SAWYER, BDDKKEEPER, etc.	Witens a clerosing /10
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, Jaboul SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  1D. Dete deceased last worked et this occupetion (month and year)  11. Totel time (years)  spent in this occupetion (coupelion)	
12. BIRTHPLACE (city or town)	Other Contributory Consec of importence:
(State or country)	1 therana 1/62
13. NAME Unknown	
14. BIRTHPLACE (city or town) Mukeum  (State or country)	Neme of operation.  Whet test confirmed diagnosis?  We there an eulopsy?
# 15. MAIDEN NAME Undervarin	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) - Alukerouse (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19, 19
17. INFORMANT Valter Vadge (Address) 1617 A. At N. U. Mashington De	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Pairveiw Com. Dete Peb 24 ,19	Manner of injury  Neture of injury
19. UNDERTAKER Albert V. Dixon (Address) Frederick Maryland	24. Was disease or injury in any way related to occupation of decessed?
Au-Febr 32 Unwellend	(Signed) 63 8 M. D.
20. FILED 7. 1 9. 198 5 A J. W. W. W. Gegistrar.	(Address) Take 15

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11767
1. PLACE OF DEATH	46
County frederick	Registration Dist. No. / 3/=
Village or city near Shooks town h	
Length of residence in city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds
2. FULL NAME George Wilton I	hipp
(a) Residence: No. Mean Shorts Town (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  7 7 . 193 3 . (Month) (Day) (Year)
5a. tt married, widowed, or divorced HUSBAND of (or) WIFE of Ducy Whips	22. 1 HEREBY CERTIFY. That t attended deceased from  [19.80] to 2007, 17.55
6. DATE OF BIRTH (month, day, end year) Lawy 6 1879	l lest saw harmelive on Jeb 17 1933; death Is said
7. AGE Yours Months Days It LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER. (Nature) SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Gestre Concentrate 1930
Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	3
10. Date deceased last worked at this occupation (month and year) 2 year)	
12. BIRTHPLACE (city or town) Frederick Co.	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Fred Co. 2018	
4 14. BIRTHPLACE (city or town) fruit (Co. )	Name of operation Sploratory John Hopker Date of 1832 What test confirmed diagnosis? Labelry Was there an autopsy? Ho
15. MAIDEN NAME Pathering Haushen	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Patherine Haushen	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. MEDRIANT Charleton Tred	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doubs Grangard Date Feb, 19.33	Nature of injury
19. UNDERTAKER O. E. Cline Hora (Addiess) Frederick Md.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED / F- Fely, 1933 Sooa meanly	(Signed) Mysses G. Borismo M. D.  (Address) Frederice my
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	/ Subsection	23)
County Treduces	Course the Corpor	
Village or City Truste	rick ham had	No. 6 Hamston ave St., Warn fdeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		s. ds. How long in U.S. if of foreign birth?yrsmosd:
2. FULL NAME Dai	sy M. Jepp	
(a) Residence: No. 16 Ha	willow due	St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("Arite the word)	21. DATE OF DEATH 7
5a. If married, widowed, or divorced HUSBAND of	70	(Montli) (Day) (Year)
(or) WIFE of	- Jupa	22. I HEREBY CERTIFY That I appled deceased from
6. DATE OF BIRTH (month, day, and year)	ipx. 30-1885	I last saw h alive on Tel. 6. 6 19.83; death is sai
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at JOA
8. Trade, profession, or particular	orrain.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewelf	Burno July to
9 Industry or business in which work was done, as SILK MILL,		and that Manual
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this recursiting (months and	11. Total time (years)	153
this occupation (month and year)	spant in this occupation	( ) ( ) 3
12. BIRTHPLACE (city or town) Fresh	rick,	Other Contributory Causes of Importance:
(State or country)	ned	comment much
13. NAME  14. BIRTHPLACE (city or town)	direct	ψ1, <b>Ψ</b> νω
14. BIRTHPLACE (city or town) (State or country)	md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Yargini	a Becrafx	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Parguin  16. BIRTHPLACE (city or town)	7. Co.	Accident, suicide, or homicide?
(State or country)	, ma.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Frederick med	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Z N	Manner of Injury
Place Mr. Otherske	Date 126/0-193	Nature of injury
19. UNDERTAKER 6. E. 6(1) (Address)	linea med	24. Wes disease or injury in any way related to occupation of deceased? VO.
20. FILED 10 - Februs 33	1 Ma Cluedy	(Signed) A H M
	Registrar/ e blank are needed, address State Registrar,	(Address) Human / MM

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BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

